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ABSTRACT

Produced by an urban school district, this manual provides guidelines for developing and implementing a preschool screening and follow-up program that is based on community involvement. Part 1 of the manual presents a rationale for preschool screening and outlines the major components of a screening program. Also included in part 1 is a discussion of the prescreening, screening, and postscreening activities included in the implementation of a community-based preschool screening project. Part 2 outlines a volunteer training program for technical and nontechnical components of the screening project. Discussion concerns nontechnical assistance, and screening for development, vision, medical and health condition, and communicative abilities. The rationale for this section is that many communities could not afford to offer preschool screening services without the assistance of trained volunteers. Part 3 addresses the need for staff in-service and offers suggestions concerning content and format of an early identification workshop for teachers. The purposes of the proposed workshop are to create awareness of the importance of early identification of children with special needs and to present ways in which teachers can play a critical role in the screening and follow-up process. (RH)

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EARLY IDENTIFICATION GUIDELINES

Urban Model

TOLEDO CITY SCHOOL DISTRICT

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early childhood education
"education begins with life"

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PREFACE

The purpose of this manual is to provide suggestions on how to develop and implement a preschool screening and follow-up program based on community involvement. The manual is divided into three major sections with subdivisions within each section. Part One presents a rationale for preschool screening and outlines the major components of a screening program. Also included in Part One is a discussion of prescreening, screening, and postscreening activities to be accomplished in implementing a community-based preschool screening project.

Part Two outlines a volunteer training program for each component of the screening project. The rationale for this section is that many communities could not afford to offer preschool screening services without the assistance of trained volunteers.

Part Three addresses the need for staff inservice and offers suggestions as to content and format for an early identification workshop for teachers. The purpose of the proposed workshop is to create awareness as to the importance of early identification of children with special needs and to present ways in which teachers can play a critical role in the screening and follow-up process.

Funding for the project was provided through a grant awarded to Toledo Public Schools Family Life Department from the Ohio Department of Education, Division of Educational Services, Early Childhood Section.

Jaina MacLaren, Director

Ruth Johnson, Coordinator

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IMPLEMENTING A SCREENING PROGRAM
FOR PRESCHOOL CHILDREN

Overview

Introduction

Identification is the first step in providing appropriate intervention services for young children with special needs, whether these special needs are related to giftedness or some type of handicapping condition. Screening can play an important role in the early identification and the prevention of secondary problems often associated with handicapping conditions (Frankenburg, Emde, & Sullivan, 1985).

Definition and Purpose of Screening

Screening, as related to education, can be defined as a brief assessment procedure designed to identify children for whom further evaluation is warranted. The intent of screening is to determine quickly and efficiently whether or not there is cause for a child to be more closely evaluated to identify conditions that may interfere with the child's ability to learn. Areas generally covered in an educationally related screening include vision, hearing, communication, and overall development.

An important concept related to screening is that screening results do not indicate whether or not a problem actually exists, that is, screening does not provide diagnostic results. The purpose of screening is to determine whether or not further evaluation is warranted. Screening results cannot be used to label a child or to develop appropriate intervention procedures.

Rationale of a Preschool Screening Program

The primary purpose of screening is to identify early conditions that may interfere with learning. Some chronic conditions, including vision and hearing problems, may have long silent periods that precede the point where symptoms become apparent. Such silent periods can be very detrimental to a child's development. Screening can serve as a means for uncovering these conditions before too much damage in terms of learning and development takes place (Lichtenstein & Ireton, 1984). By identifying as early as possible the potential existence of a problem or disability in a child, screening can play a very critical role in prevention and early intervention programs. The real merit of a screening program lies in its potential for reducing the number of children who experience failure and who need special services in later school years (Meisels, 1985). However, prior to setting up any type of screening program, it's extremely important to realize that the major goals and objectives of the program can be realized only when the developmental screening is included as part of a comprehensive system of assessment and early intervention options.

Screening, as a preventative approach to intervention, is much easier and more cost effective than the more typical "crisis-coping" approach (Barclay, 1983). Early identification and intervention minimizes the negative impact of handicapping conditions for the child and reduces the likelihood of expensive, perhaps less effective treatment later in life (Garland, Swanson, Tone, and Woodruff, 1981).

Arguments for early intervention provide strong justification for establishing screening programs at the preschool level. In fact, for screening to be worthwhile, it must take place while there is still opportunity for the child to benefit from early intervention and before deficits become cumulative. Traditionally, screening and identification of developmental and learning problems have taken place at the point of school entry or later. The argument for preschool screening is that it can increase the likelihood of children receiving prompt evaluation and effective intervention (Barclay, 1983). A case for urgency can be built around the fact that "undue delay in treatment may lead to irreversible developmental damage" (Hobbs, 1975, p. 90).

Meisels (1978) uses the term "lead time" in discussing the value of preschool screening. He notes that early screening can provide additional time for planning and implementing necessary services, and that this additional time can result in more effective and cost efficient programming. By waiting too long, the possibility of significant remediation may be seriously reduced. Thus, Meisels (1978), along with many others, concludes that screening of all children should be done at the early childhood level (Barclay, 1983; Lichtenstein & Ireton, 1984).

Major Components of a Screening Program

There are two important areas to consider when determining what to include in a screening program. These two areas deal with content and process. Content areas generally considered important to preschool screening are vision, hearing, communication, medical/health status, and overall development. Criteria for how to screen in each of these areas need to be developed prior to adopting specific screening instruments or procedures. Suggestions for these criteria are outlined in Part Two of this manual.

Several process components warranting consideration in developing a preschool screening program include public awareness, volunteer training, parent involvement, teacher inservice, community linkages, and a system for follow-up evaluation and intervention. Following is a brief discussion of each of these areas.

Public Awareness: Public awareness efforts need to focus on disseminating information about (1) the nature and importance of screening and (2) how to develop or secure screening services. Brochures, notices in newsletters and newspapers, public service announcements, and presentations to appropriate audiences can all be used as vehicles for creating such public awareness. Figure 1 (pg. 12) presents an example of a public awareness brochure.

Volunteer Training: Many communities do not have the resources to offer screening programs run entirely by paid staff. The use of volunteers can be a valid and cost-effective way to operate screening programs. Volunteer training, then, becomes an important component of a screening program and will often include training in (1) administering the screening instruments; (2) assisting in the nontechnical aspects of the screening process; and (3) assisting in follow-up linkages. Part Two of this manual outlines a suggested format and content for volunteer training.

Parent Involvement: Parent involvement begins when the parent is informed of the screening services. Included in this information should be the following: (1) what a screening program consists of; (2) the rationale for screening; (3) who will perform the screening; (4) where and when the screening will take place; (5) how confidentiality will be respected; and (6) how the results will be communicated. Some programs may elect to hold an informational meeting for parents prior to the actual screening date to discuss what's involved in the screening process.

More direct parent participation can occur in the following ways: Parents can be with their child during the screening process; they can complete a developmental questionnaire either in written or interview form; and they can receive and act on the feedback provided after the screening is completed. Each of these areas of parent involvement is critical to the overall effectiveness of the screening program. Without parent input, screening results may be very misleading. In many ways, the information provided by parents can help to compensate for the limitations of screening tests (Lichtenstein & Ireton, 1984). Research studies have shown that many children really do perform differently at home than they do in unfamiliar settings and that parents can be quite adept in identifying legitimate areas of concern regarding their children's development (Hobbs, 1975).

Consistent findings from studies regarding the type of parent information and methods of obtaining it, as reported by Lichtenstein and Ireton (1984), are as follows: (1) Parent reports of their child's current stature are more trustworthy than historical accounts; (2) Descriptive reports involving interpretation or inference by the parents; (3) Structured methods of obtaining information with clear instructions produce the most meaningful data; and (4) Measures must be of sufficient length to be reliable, but not so cumbersome as to have a negative effect upon willingness to complete. When these findings are taken into consideration, parent-provided information can make the critical difference in identifying problems that may otherwise be overlooked.

Perhaps the most compelling reason for involving parents in the comprehensive screening process is their right to be involved. Also of utmost importance is the fact that without parent participation, the step from identification or intervention would never occur.

Teacher Inservice: Inservice for early childhood educators, whether this be a day-care or nursery school setting, is extremely important to the success of a training program involving the children with whom they work. It's important for the preschool teachers to understand the nature and significance of the screening program not only for the purpose of answering inquiries of parents, but also to secure their assistance and support in the follow-up process. Suggestions for what to include in a teacher inservice program are offered in Part Three of this manual.

Community Linkages: Interagency linkages are critical to the success of a preschool screening program. This is especially so with respect to follow-up efforts. Other areas, however, can also be greatly enhanced through interagency collaboration. Such aspects include identification of screening locations, recruitment of volunteers, training of personnel, and increasing public awareness. Identification of funding sources and the sharing of resources and information are other possible benefits that sometimes result from linking with other community agencies.

Follow-Up: Case management follow-up of children failing to pass a screening is critical to the effectiveness of any screening program. Not only must a systematic referral process be developed prior to initiating a screening program, but a system for monitoring the response to such referrals is also extremely important. Preschool screening should never be viewed as an end in itself. The purpose of screening is to provide early intervention to those identified as having special needs because they are gifted or handicapped. Without a systematic process for follow-up, appropriate early intervention may never occur. In such cases, the screening efforts would be futile (Lichtenstein & Ireton, 1984).

Procedures for Implementation: Implementing a preschool screening program involves different phases of activities. These can be broken down into the following three areas: prescreening, screening, and postscreening. A discussion of the activities in each of these areas follows.

Prescreening: Prescreening activities focus primarily on public awareness, volunteer recruitment and training, community linkages, scheduling concerns, teacher inservice, and parent involvement. The order and organizational structure of the major activities to be accomplished during the prescreening phase are presented in Figure 2. Figures 3 to 17 are examples of forms that can be used for various prescreening activities.

Screening: Screening activities focus primarily on arranging the room, managing children during the screening process, and recording information about the screening results. Figures 19 to 22 are examples of forms that can be used during the various screening activities.

Postscreening: Postscreening activities deal with the follow-up process. A flowchart of this process is presented in Figure 23. Figures 25 to 31 are examples of forms that can be used during postscreening activities. Color coding of feedback forms to parents is designed to assist in the management of the information flow: green - development; pink - vision; yellow - hearing; blue - communication.

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Program Development

The following steps are intended to serve as a guide for developing and implementing a community-based preschool screening program.

1. Identify a coordinator and planning committee. It is suggested that the screening responsibilities be a part of the coordinator's regular job description, as opposed to "add-on" responsibilities. It is also suggested that members of the planning committee represent a number of different interested community agencies.

2. Initiate public awareness activities. The purpose of this activity is not only to increase awareness of the availability of screening services, but also to focus on the nature and importance of screening and early identification.

3. Identify site(s) and set schedule(s). In some cases, the site may be at a day care setting with screening services limited to the children enrolled in the program. At other times, screening may be offered at some centralized location with parents bringing their children in on the day of screening.

4. Coordinate efforts with other community resources.
   (a) Coordinate screening efforts.
   Many communities already have some screening services available for preschool children. Such services may be available through a university speech and hearing clinic, hospitals, mental health centers, etc. Often, such screening services are limited to one or two areas of concern (e.g., just hearing or vision). Through the coordination of such services, screening in all the major areas of concern (i.e., vision, hearing, communication, and development) may be accomplished at one site and during one time block.

(b) Coordinate follow-up efforts. Sharing information about follow-up assessments for vision, hearing, development, or speech/language concerns is an extremely important part of a screening program. Information about referrals for such assessments should be shared with parents and day care or nursery school teachers when applicable. It is also important to implement a feedback system, whereby parents share information with the school or agency as to what kind of follow-up assessments and intervention result from the referrals.

5. Train volunteers. See p. 4 for rationale and pp. 59-124 for content and format of training volunteers to assist in the screening program.

6. Provide staff inservice. See p. 5 for rationale and last section of this manual for suggested content and format of an inservice program focusing on screening concerns.

7. Involve parents. See pp. 3-4 for rationale and pp. 44-57 for further information on parent involvement in a screening program.

8. Implement screening. See subsection on "Screening."

9. Review results. Screening results should always be reviewed by the professionals responsible for the screening program prior to informing parents about such results. It is recommended for the professionals from the different areas of screening to review results together, as concerns in one area are often related to concerns in other areas (e.g., hearing problems impact on speech and language, etc.).

10. Provide feedback to parents and staff, and assure that written communiques are given to parents and staff regarding screening test results. Conferences with parents should also be arranged, whenever possible, when there are areas of concern. Communiques to parents and staff should be given as soon as possible and after the screening is completed.

11. Monitor follow-up. See pp. 5-6 regarding follow-up and postscreening activities.

PROCEDURES FOR IMPLEMENTATION

Implementation of a screening and follow-up program can be divided into the following phases: prescreening, screening, and postscreening. The following subsections of the manual address activities and materials related to each of these areas.

PRESCREENING

Included in this subsection are the following:

Public Awareness Brochure: designed to create awareness about the importance of screening and the availability of services (Figure 1)
Prescreening Flowchart: outlines school and agency roles during prescreening phase of the screening project (Figure 2)
School-agency agreement form: specifies responsibilities of school and agency in the screening project (Figure 3)
Agency profile form: provides information about the agency (Figure 4)
Agency confirmation form (Figure 5)
Volunteer recruitment flyer (Figure 6)
Sample volunteer recruitment letter (Figure 7)
Volunteer recruitment initiatives (Figure 8)
Volunteer recruitment referrals (Figure 9)
Checklist for volunteer interview (Figure 10)
Volunteer skills and interests survey (Figure 11)
Volunteer/agency agreement form (Figure 12)
Volunteer training confirmation (Figure 13)
Volunteer assignment confirmation (Figure 14)
Parent prescreen letter (Figure 15)
Behavior Checklist for Parents (Figure 16)
Parent Consent Form (Figure 17)

PRESCHOOL SCREENING COULD MAKE A DIFFERENCE.

TOLEDO PUBLIC SCHOOLS' FAMILY LIFE AND EARLY CHILDHOOD DEPARTMENTS, IN COOPERATION WITH LOCAL COMMUNITY AGENCIES, ARE PREPARED TO ASSIST YOU BY OFFERING PRESCHOOL SCREENING SERVICES

THE TOLEDO PUBLIC SCHOOLS' PRESCHOOL SCREENING PROGRAM INCLUDES THE FOLLOWING AREAS:

...vision
  ...hearing
    ...development
      ...communication

EARLY IDENTIFICATION OF CHILDREN WITH SPECIAL NEEDS IS AN IMPORTANT FIRST STEP FOR SUCCESS IN SCHOOL.

A TECHNICAL ASSISTANCE TEAM FROM TOLEDO PUBLIC SCHOOLS WILL WORK WITH YOU TO DEVELOP AND IMPLEMENT A PRESCHOOL SCREENING AND FOLLOW-UP PROGRAM.

TOGETHER WE WILL....

...train staff and volunteers to assist in the screening and follow-up process.

...coordinate with local agencies in offering on-site screening service.

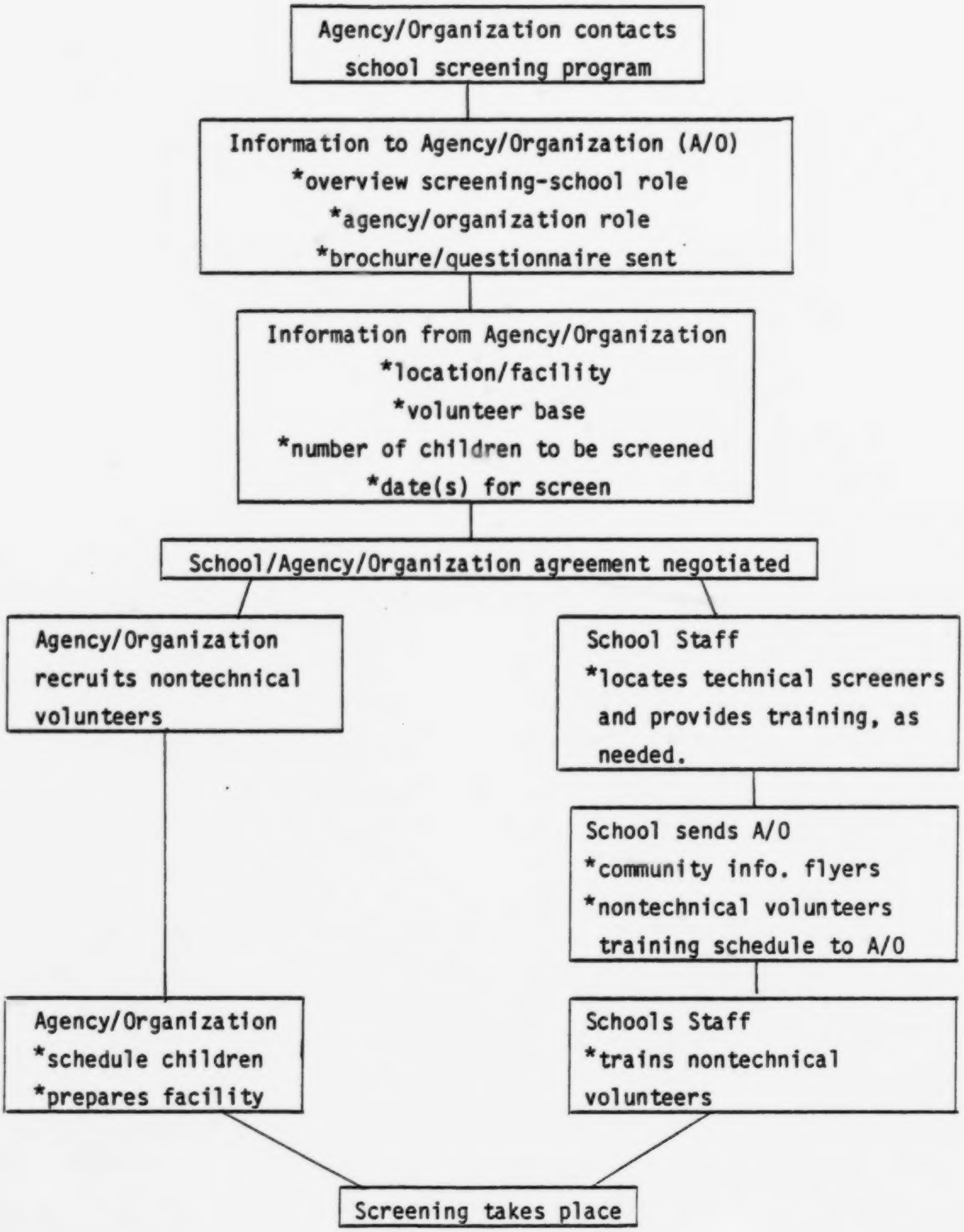
FOR FURTHER INFORMATION, PLEASE CONTACT

McKesson School
1624 Tracy Street
Toledo, Ohio 43605
(419) 666-5180

Ask for information about screening.

FIGURE 2

Prescreening


Agency/Organization contacts school screening program
Information to Agency/Organization (A/O) *overview screening-school role *agency/organization role *brochure/questionnaire sent
Information from Agency/Organization *location/facility *volunteer base *number of children to be screened *date(s) for screen
School/Agency/Organization agreement negotiated
Agency/Organization recruits nontechnical volunteers
School Staff *locates technical screeners and provides training, as needed.
School sends A/O *community info. flyers *nontechnical volunteers training schedule to A/O
Agency/Organization *schedule children *prepares facility
Schools Staff *trains nontechnical volunteers
Screening takes place

AGREEMENT

Figure 3

This Agreement is entered into between the Toledo Public Schools and ________________________ hereafter referred to as agency.

Toledo Public Schools agrees to:

1. Secure trained personnel for the following screening activities:
   a. vision b. hearing c. developmental d. communication
2. Provide technical assistance to agency in regard to:
   a. site requirements b. personnel requirement c. communications
   d. follow-up activities
3. Provide nontechnical volunteer training
4. Provide information/materials for dissemination
5. Provide screening materials

________________________ agrees to:
(Agency)

1. Secure site that meets requirements for screening
2. Recruit the nontechnical volunteers specified by Toledo Public Schools for screening activities
3. Publicize screening
4. Schedule youngsters for screening
5. Assume major responsibility for follow-up tasks

The above tasks will be completed by ______________ so that Preschool Screening for approximately ______________ children can take place on ______________ (date) at ______________ (site) in accordance with the Preschool Screening guidelines developed by the Toledo Public Schools and the State Department of Education, Division of Educational Services, Early Childhood Section.

Toledo Public Schools

____
Jaina S. MacLaren, Director
Family Life Education Center

____
Ruth Johnson, Coordinator
Coordination Center

____
Agency

____
Address

____

22

AGENCY PROFILE

Figure 4

Name of agency ______________________________

Address ______________________________

City/State ____________________ Zip __________

Phone ______________ Contact Person ______________

Type of Agency ______________________________

Estimated # of children to be screened ______________

Estimated # of volunteers ______________

Desired screening date(s) ______________________________

Screening coordinator for agency ______________________________

Comments: ______________________________

____

____

____

AGENCY CONFIRMATION

Figure 5

Preschool screening at ______________________________ is
(site)

scheduled for ______________________________.
(date)

We are expecting approximately ________________ to be screened
(# of children)

on this day.

We would like to begin screening at ______________. Please have
(time)

the children ready at this time. We ask that the following be ready when we arrive:

(1) room prepared according to specifications
(2) name tags prepared
(3) names listed on summary forms
(4) child data completed on summary forms (Figures 19-22)

We're looking forward to working with you and your staff on __________.
(date)

Please call if you have any questions or concerns ________________.
(phone #)

Sincerely,

Figure 6

Helping Kids

VOLUNTEERS WANTED

The Toledo Public Schools cordially invite volunteers to participate in the training and administration of screening tests to preschoolers during September and October.

You or someone you know might enjoy spending time with young children and other volunteers in this worthwhile effort.

For more information, interested persons and organizations should contact

______________________ at ________________ by ______________.
(name) (phone) (date)

Call today! This is your opportunity to make a difference in the lives of our Toledo schoolchildren.

RECRUITMENT VOLUNTEERS
SAMPLE LETTER

Figure 7

Dear Junior League Member:

Easter Seals of Northwest Ohio, in cooperation with the Toledo Public Schools, is planning to screen preschoolers during the month of ____________ to identify possible hearing, vision, developmental, and communication impairments.

We value the able assistance you have provided us in the past, and we hope you can once again assist us by volunteering to attend an information session on ____________________ from ____________ to ____________
(month, day) (time) (time)

at ____________________.
(site)

This project represents a unique opportunity for members of the Junior League to play a valuable role in the lives of our Toledo children.

Your representative can contact ____________________ at
(name)

____________________ before ____________________.
(phone) (date)

Thank you.

Sincerely,

VOLUNTEER RECRUITMENT INITIATIVES

Figure 8

Public Service Announcements

Radio Stations
Cable Television

Press Release

Area Newspaper

News Articles

Church, school, and hospital newsletters

Flyers

Libraries, schools, and area businesses

Direct Mail

Letters to service organizations, universities

VOLUNTEER RECRUITMENT REFERRALS

Figure 9

Civic and Fraternal Organizations

Community Service Organizations

Universities

Hospitals

Parent Teacher Associations

Retired Senior Volunteer Persons

Mothers Clubs

Support Groups for Vision and Hearing Impaired

CHECKLIST FOR VOLUNTEER INTERVIEW

Figure 10

Interviewer ______________________________ Date ______________

Volunteer ______________________________

Address ______________________________

Phone # ____________________

Date of Birth ____________________

1. Have you had any previous experience with young children (Birth-5 yrs)?

CHECK

Parent ________

Teacher ________

Child Care ________

Aide ________

Recreation ________

Other (Please specify) ______________________________

____

____

2. What was last level of formal education? ____

Less than High School ______

High School Diploma ______

College (UG) ______

College (G) ______

3. Most recent employment experience.

____

____

____

4. Why are you interested in being a volunteer?

____

____

____

5. Previous volunteer experiences (Last 5 years)

____

____

____

CHECKLIST (CONT'D)

6. Personal Transportation Yes _____ No _____
Uses Public Transportation Yes _____ No _____

7. Do you have any physical problems or medical problems that might interfere with volunteering? Please describe.

____

____

____

____

8. References? (Other than family)

____

____

____

____

INTERVIEWER IMPRESSIONS

1. General Health Acceptable _____ Not Acceptable _____
Comments:

2. Language Skills Acceptable _____ Not Acceptable _____
Comments:

3. General Appearance Acceptable _____ Not Acceptable _____
Comments:

4. Interpersonal Skills Acceptable _____ Not Acceptable _____
Comments:

VOLUNTEER SKILLS & INTERESTS SURVEY

Figure 11

Date ____________________

NAME ______________________________ ADDRESS ____________________

PHONE (HOME) ____________________ (WORK) ____________________

AVAILABILITY TO VOLUNTEER: MORNING ______________ AFTERNOON ____________

MONDAY ____ TUESDAY ____ WEDNESDAY ____ THURSDAY ____ FRIDAY ____

FOREIGN LANGUAGES SPOKEN ______________________________

EDUCATION: (CIRCLE HIGHEST GRADE COMPLETED) 5 6 7 8 9 10 11 12
COLLEGE: 1 2 3 4 GRADUATE SCHOOL ________

WORK EXPERIENCE: ______________________________

____

____

____

OTHER SKILLS AND INTERESTS: ______________________________

____

____

____

ORGANIZATIONS:

____

____

HOW DID YOU HEAR ABOUT US?
ORGANIZATION ____ SCHOOL ____ OTHER ____

____

PERSON TO CALL IN AN EMERGENCY ______________________________
PHONE NO. ______________________________

VOLUNTEER SKILLS & INTERESTS SURVEY (CONT'D)

THIS SECTION FOR STUDENTS ONLY

School represented ______________________ Course name & number __________

____

Professor/Advisor ______________________________ Phone ________________

Is a paper required? Yes ____ No ____

Is an evaluation required? Yes ____ No ____

What are your goals in your student placement?

____

____

____

What is your major? ____

LETTER OF AGREEMENT BETWEEN VOLUNTEER & AGENCY

Figure 12

I, ______________________________, understand and agree that as a volunteer
(Volunteer's Name)

with ___________________________, I will do the following:
(Agency)

A. Respect and observe client's rights at all times.

B. Keep confidential all matters which are confidential.

C. Serve at least one year.

D. Interact with clients and staff in a courteous, cordial manner and expect that same in return.

E. Be responsible for familiarizing myself with and observing the rules and policies of this agency; especially those rules prohibiting client abuse, firearms, alcohol, and drugs.

F. Accept training and guidance, as negotiated with the volunteer coordinator, from agency staff.

G. Work without compensation, but having been accepted as a nonpaid staff member, I expect to do my work promptly and according to standards.

H. Notify the volunteer coordinator of any problems, suggestions, and/or concerns I have regarding my job or the agency.

(Circle one) I have, have not been convicted of a felony in the last seven years.

__________________________ understands and agrees to provide the following

to ______________________________.
(Volunteer's Name)

A. A job description that summarizes duties of the job placement and limits of responsibility.

B. Orientation to the agency, clients served, and rules and policies, and on-the-job training.

C. A staff supervisor to provide guidance and support supervision.

D. Accurate records of the volunteer's involvement and references when requested.

E. Evaluation and feedback regarding job performance.

F. Appropriate public recognition.

G. Support for volunteer's rights.

H. Adequate space, equipment, and working conditions.

______________ ______________ ______________

Date of Agreement Volunteer's Signature Volunteer Coordinator's Signature

VOLUNTEER RECRUITMENT

SAMPLE LETTER

AGENCY NAME

Figure 13

Date

Dear ______________________:
(name)

Thank you for offering to volunteer your time to assist us with the screening tests for our preschoolers.

Our training session for volunteers is scheduled on ________________
(date)
from _____________ to ________________ at ______________________.
(time) (time) (site)

We would appreciate it if you would join us, as volunteer involvement is vital to the success of this project.

We're looking forward to meeting you on __________________________,
(day of the week)
____________________________.
(date)

Enclosed is a map to ________________________________.
(site)

Sincerely,

VOLUNTEER RECRUITMENT

SAMPLE LETTER

AGENCY NAME

Figure 14

Date ______________

Dear ____________________:

You are scheduled to assist with the screening tests at ____________
(site)
on ____________________ from _________ to ________.
(date) (time) (time)

Our certified personnel will be on site the day of the screening to assist you.

When you arrive at ________________________, check in at the
(site)
office for directions to the screening room.

Enclosed is a map to ______________________.
(site)

If you have further questions or concerns, please contact:
_____________________ at ____________________.
(name) (phone)

Thank you.

Sincerely,

AGENCY NAME

Figure 15

PARENT COMMUNICATION*

Prescreen Letter

Dear Parent:

On ______________________, your child will have his/her eyes (vision)
(date)
and ears (hearing) checked free of charge by the Toledo Board of Education. Also, at that time, we will be testing his or her growth and development and communication skills. The testing will be done at __________________ from
(site)
__________ to ____________.
(time) (time)

Please complete the attached checklist and consent form and return them to your child's teacher by ______________________.
(date)

If you have any questions, please contact ________________________ at ___________________.
(phone #)

Thank you for returning the attached permission form and checklist by
______________________.
(date)

* Sent to parents with checklist and consent form.

BEHAVIOR CHECKLIST FOR PARENTS

Figure 16

Please check any of the following that describe your child's behavior.

_______ Squinting (closing the eye partially)

_______ Rubbing his/her eyes

_______ Eyes tearing or watery

_______ Tilting or turning head to one side

_______ One eye turning inward or outward

_______ Sitting nearer than three feet to the T.V.

_______ Eyes often burn or itch

_______ Bumps into things or trips or stumbles

_______ Holds objects, books close to his/her face

_______ Needs to have directions or important information repeated more than once

_______ Needs assistance using the bathroom

_______ Has short attention span

_______ Has difficulty relating to others

_______ Has difficulty telling about experiences

_______ Points to objects rather than speaking

_______ Difficulty with speech and language

_______ Easily distracted by outside noises

_______ Likes the T.V. loud

_______ Difficulty hearing sounds or voices with his/her back turned

Other concerns I have about my child include ______________________________

____

Please return to your child's teacher by _________________________.
(date)

_______________________________ Child's Name

_______________________________ Parent's Signature

PARENTAL CONSENT FORM

Figure 17

I give permission to do a vision, hearing, communication, and developmental check for

____
(Child's Full Name)

____
(Parent Signature)

____
(Date)

Return to your child's teacher by ______________________.
(Date)

SCREENING SECTION

Following are

1. Brief descriptions of the different areas of screening, outlining environment, instruments, procedures, etc.

2. Sample name tag (Figure 18)
   Prepared prior to screening are the child's name and date of birth (DOB). Children receive a star or stamped indication of completion after being screened at each station. The symbols for these stations are as follows:

   👁 = vision
   👂 = hearing
   웃 = development
   ☺ = communication

3. Data recording forms for different areas of screening (Figures 19-22).

SCREENING INSTRUMENTS AND PROTOCOL

DEVELOPMENTAL

1. Environment: Room/space at least 12' x 14', distraction free.

2. Instruments/Materials: Battelle Screening Manual, child record forms and screening materials as outlined in the manual. Child-size table and chairs for two separate stations.

3. Screening Outcomes: Estimates of developmental levels in the following areas: motor, cognition, social-emotional, communication, and adaptive behaviors, as well as an estimated overall developmental score.

4. Average Time Per Screen: 15-20 minutes with teacher/parent completion of social-emotional section of the screening.

SCREENING INSTRUMENTS AND PROTOCOL

HEARING

1. Environment: Quiet, well-lit room, at least 6' x 6'.

2. Instruments: Audiometer with speech threshold capability, otoscope, impedance bridge or combo pure tone/impedance instrument.

3. Procedures: Pure tone - Child asked to respond to tones from low (500 cps) to high (4000 cps) at 20 decibels (whisper level) by dropping peg or pointing to ear.

   Speech Threshold - If child is too young to learn pure tone "game" he/she may be asked to respond to speech at 20 decibels.

   Impedance - Ear is visually examined with otoscope to check for wax and to see condition of ear drum (redness, etc.). A soft rubber seal attached to impedance audiometer is placed in ear canal. Sounds are introduced. Instrument measures movement of ear drum to determine whether there is an impedance (barrier - most often fluid) to sound traveling through middle ear. The test is done very quickly, causes no discomfort, and child is not required to respond.

4. Screening Outcomes: Pure tone (speech frequencies 500, 1000, 2000, 4000 cps at 20 decibels) or speech threshold at 20 decibels and impedance measurements.

5. Average Time Per Screen: 7 minutes.

SCREENING INSTRUMENTS AND PROTOCOL

Vision

Vision screening identifies children who may have a variety of visual problems which can interfere with learning. The following chart provides information about vision screening, outcomes, and educational implications.

1. Environment for Visual Screening: Vision screening should be conducted in a room with the following characteristics:
    (a) minimum size 8' x 12'
    (b) distraction free
    (c) electrical outlet
    (d) furnished with two small tables an adult chair and five student chairs

2. Time Required: Approximately three to five minutes per child depending on age of child.

3. Screenings Included:

    (a) Visual Acuity: refers to how well one sees and to a measurement of ability to discriminate symbols clearly at a given distance.
    Instruments Used: Goodlite Model MA or Goodlite Instaline Projectors.
    Procedures: Children are seated to 10 feet away from screen and are asked to identify picture or other figures from chart. Children pass this screen if they can see better than 20/40.
    Educational Implications: Child may have difficulty seeing well enough to learn to read, move about in the school environment, and deal with visual motor tasks, including writing.
    Follow-up: refer to eye specialist.

(b) Muscle Imbalance: refers to the alignment of the muscles of the eye and how well they work together.

Instruments Used: Goodlite Instaline Projector and/or flashlight.

Procedures: Children look through prism, using both eyes, at image on screen and identify how many images are seen on Goodlite Instaline Screen and where they are located, or children are asked to physically manipulate items seen so that screener can determine whether child passes screen. When Goodlite projector is not available or additional screening is indicated, the following procedures are used. Screener asks child to look at screener's nose. A light from a flashlight is aimed centrally toward child's eyes. Screener looks at where light appears in child's eyes. In addition to using the flashlight, child is given a "cover test." For this screen, the screener asks child to look at his/her nose while screener puts hand over one of the child's eyes. After five or six seconds, eye is uncovered and steadiness of eye is observed. Children pass the muscle imbalance test if

(1) they see two overlapping rectangles on the instaline screen, or
(2) the light from the flashlight screen is observed in the same spot on both eyes, or
(3) the eye remains steady (does not move up, down, or turn in or out) when it is uncovered in the cover test.

Educational Implications: Child may suffer from visual fatigue and have the same problems as a child with reduced visual perceptual difficulties.

Follow-up: refer to eye specialist.

(c) Pupil Appearance: refers to the quality of the pupils and how they contract or dilate to light.

Instrument Used: flashlight.

Procedure: Screener shines flashlight into child's eyes. Pupils should contract. Then flashlight is turned off. Pupils should enlarge. Children pass pupil appearance test if this occurs, and pupils are observed to be the same size.

Educational Implications: Failure on pupil appearance test may indicate a medical or neurological problem; child may have difficulty accommodating to light changes, and may be sensitive to light.

Follow-up: refer to eye specialist.

(d) Color Vision Test: refers to whether child can differentiate colors.

Instrument Used: Isihara Book for Color Testing, containing color templates of numbers for identification and/or training.

Procedures: Child is asked to identify or trace patterns seen. On each plate there are numbers. Numbers look different to children who have color deficiencies; children may or may not see some of these numbers. Children pass test if they can properly identify colors according to standards from the Isihara test. Children who fail color vision are not referred for medical intervention. This information is important for the child's teacher.

Educational Implications: Child may have problems identifying basic colors and/or shades of colors.

Follow-up: no referral to eye specialist; educational significance only.

(e) External Disorders: refers to function and condition of lid and other parts of eyes.

Instrument: none.

Procedures: Screener observes for the following:

(1) lid problems, such as Ptosis (to'sis), where the drooping of the lid blocks off part of the visual field

(2) infections, such as conjunctivitis and blepharitis (blef a ri'tis); indications of above include scales on lid, pinkness of eye, itching, and/or discharge from eye. These conditions, if observed, are noted on the child's screening form.

Educational Implications: Child may have same difficulties as child with acuity problems, because of lid hindering visual field, and/or film or discharge that blurs vision. Eye irritations may interfere with child's ability to attend school because of itching, rubbing, etc. Child may have infections that may be transmitted to others.

Follow-up: refer to eye specialist.

(f) Plus Lens: refers to test for farsightedness.

Instrument Used: glasses with +2.00 lens.

Procedures: Children are asked to put on a pair of +2.00 lens glasses and read the 20/25 line from vision chart. Children who are farsighted will be able to read chart and will be referred for further evaluation.

Educational Implications: Child may have problem doing "close-up" work that interferes with reading and writing tasks.

Follow-up: refer to eye specialist.

SCREENING INSTRUMENTS AND PROTOCOL

COMMUNICATION

1. **Environment**: The child is placed in an adult-child dyad with a second adult recording child's utterances -- may be within a classroom or related room.

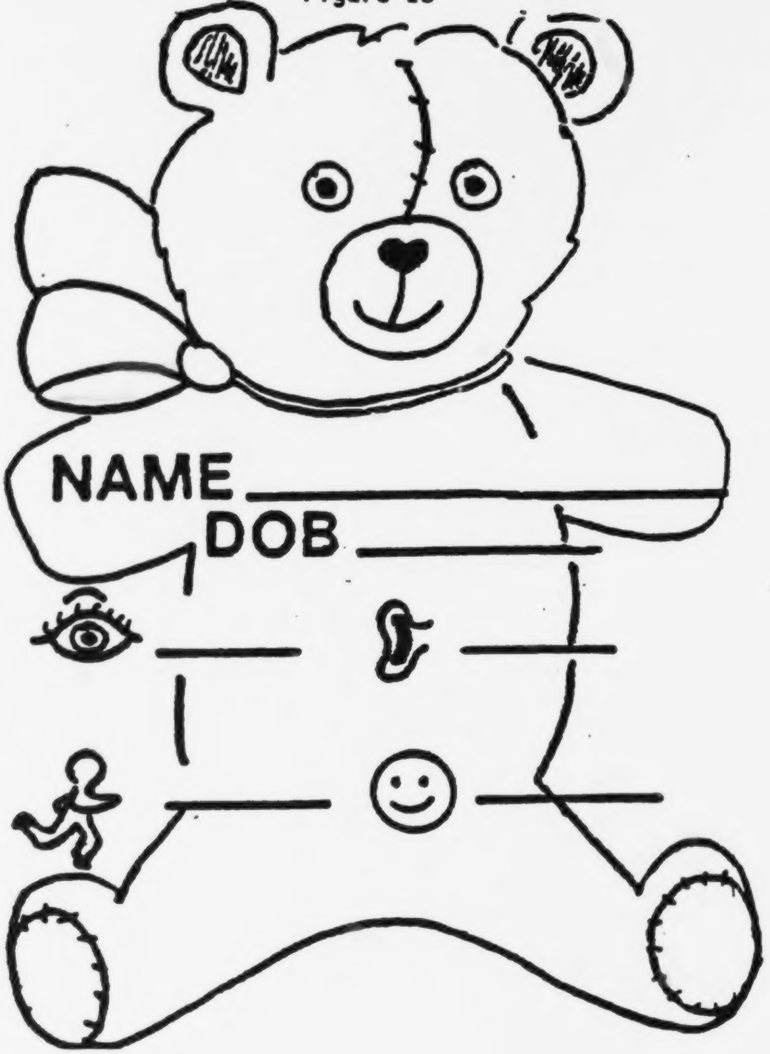
2. **Instruments**: "Environmental Screening Protocol" used to analyze transcription of language sample.

3. **Procedures**: The examiner interacts conversationally with the child, using interaction about toys, books, or environmental objects placed in the testing room. A 10-minute sample is gathered and later analyzed. Normative data regarding mean length of utterance, articulation proficiency, and vocabulary diversity are used to determine pass/fail related to chronological age.

4. **Screening Outcomes**: Children who do not achieve age equivalent scores in vocabulary diversity, sentence structure, articulation proficiency, and/or variety of pragmatic functions are referred for complete communication assessment.

5. **Average Time Per Screen**: Average screening time is approximately 10 minutes per sample and 5-10 minutes for analysis at a later time.

Figure 18



PRESCHOOL VISION SCREENING

Figure 19

THE SIGHT CENTER
1819 Canton Street
Toledo, Ohio 43624
(419) 241-1183

Date of Service ______________________________

Location ______________________________

Teacher ______________________________

NAME	COLOR	RIGHT EYE	LEFT EYE	COVER TEST	COMMENTS

Class Enrollment __________

Absent __________

Unable to Screen __________

Screenings __________

Referrals __________

HEARING SCREENING

Figure 20

Date of Screening ____________________

Location ____________________

Teacher ____________________

NAME	First Impedance	Second Impedance	Pure Tone	Comments
Pass (P) or Fail (F)				

Class Enrollment ________
Absent ________
Unable to Screen ________
Screenings ________
Referrals ________

49

DEVELOPMENTAL SCREENING

Figure 21

Date of Screening ____________________

Location ____________________

Teacher ____________________

	Results		
NAME	Pass	Fail	Comments

Class Enrollment ________

Absent ________

Unable to Screen ________

Screenings ________

Referrals ________

COMMUNICATION SCREENING

Figure 22

Date of Screening ____________________

Location ____________________

Teacher ____________________

NAME	Results		Comments
	Pass	Fail	

Class Enrollment ____________
Absent ____________
Unable to Screen ____________
Screenings ____________
Referrals ____________

POSTSCREENING

Included in this section are the following:

1. Flowchart of follow-up process (Figure 23)

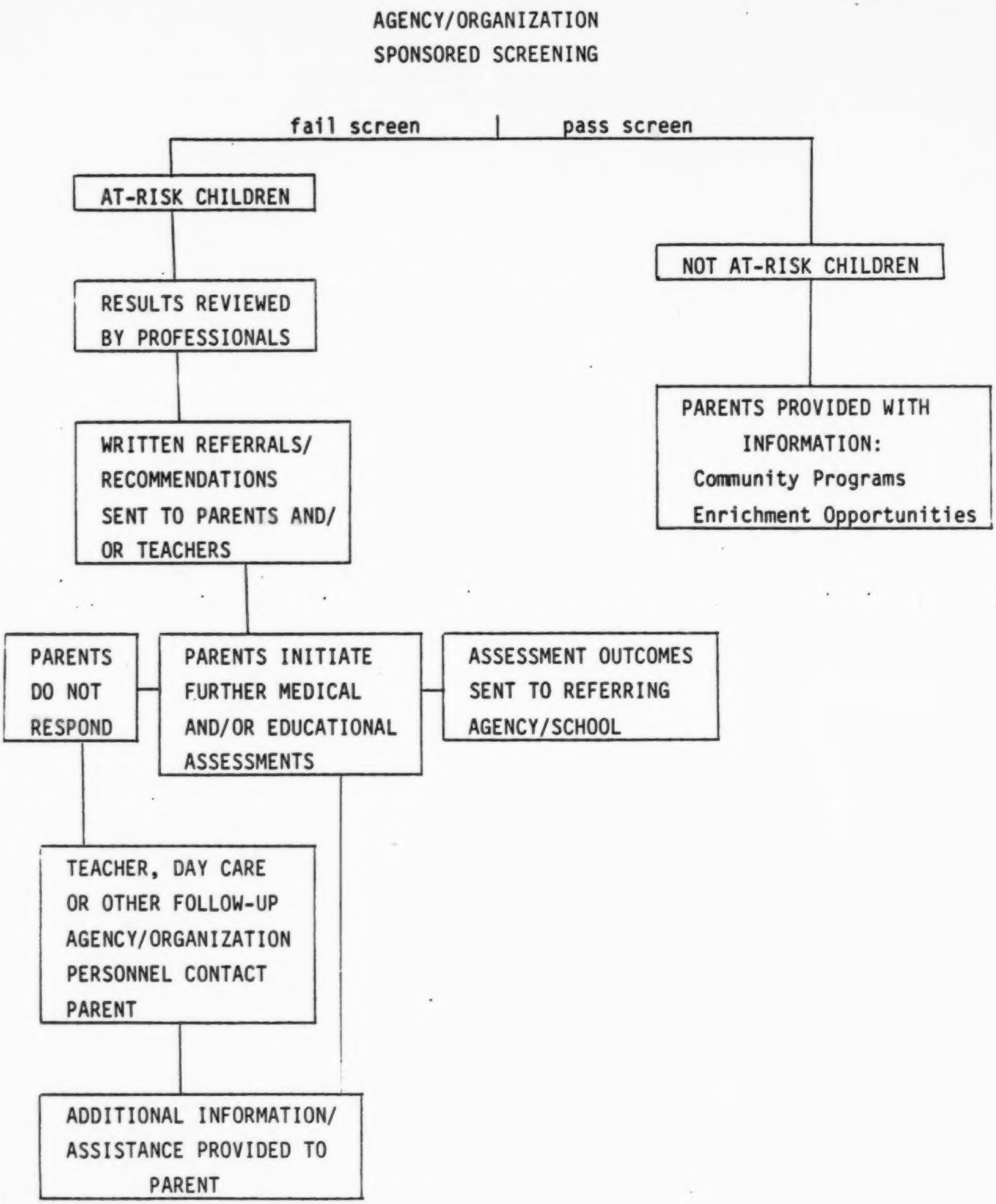
2. Summary forms
   (a) individual results (Figure 24)
      -to be completed and maintained with child's records
      -"Outcome" on this form refers to follow-up diagnostic and intervention services provided as a result of the screening referral(s).
   (b) class results (Figure 25)
      -designed to provide feedback to agency and for teachers working with the children
      -also used to assist in record keeping for follow-up of children needing further assessment

3. Parent communication forms
   (a) general report to parents (Figure 26)
   (b) form letter for developmental concerns (Figure 27)
   (c) form letter for vision concerns (Figure 28)
   (d) home eye test
   (e) parent fact sheet for vision (Figure 28a)
   (f) form letter for hearing concerns and physician's report (Figure 29)
   (g) fact sheet for parents regarding hearing concerns (Figure 29a)
   (h) parent response form regarding hearing assessment (Figure 29b)
   (i) form letter and response forms for communication concerns (Figure 30)
   (j) delayed parent response form (Figure 31)

4. Tasks involved in follow-up

SCREENING FOLLOW-UP PROCESS

Figure 23


AGENCY/ORGANIZATION SPONSORED SCREENING
fail screen
pass screen
AT-RISK CHILDREN
NOT AT-RISK CHILDREN
RESULTS REVIEWED BY PROFESSIONALS
PARENTS PROVIDED WITH INFORMATION: Community Programs Enrichment Opportunities
WRITTEN REFERRALS/ RECOMMENDATIONS SENT TO PARENTS AND/ OR TEACHERS
PARENTS DO NOT RESPOND
PARENTS INITIATE FURTHER MEDICAL AND/OR EDUCATIONAL ASSESSMENTS
ASSESSMENT OUTCOMES SENT TO REFERRING AGENCY/SCHOOL
TEACHER, DAY CARE OR OTHER FOLLOW-UP AGENCY/ORGANIZATION PERSONNEL CONTACT PARENT
ADDITIONAL INFORMATION/ ASSISTANCE PROVIDED TO PARENT

SCREENING SUMMARY FORM

Figure 24

LOCATION ______________________ DATE ______________

CHILD'S NAME ____________________ BIRTHDATE ______________

PARENT NAME ______________________________

ADDRESS ______________________________ ZIP __________

PHONE ______________________

	FIRST SCREENING		RESCREENING		FOLLOW-UP	
	PASS	FAIL	PASS	FAIL	PASS	FAIL
VISION						
HEARING						
DEVELOPMENTAL						
COMMUNICATION						

COMMENTS: ____

____

____

OUTCOME: ____

____

____

____

DATE ______________________

LOCATION ______________________ DATE ______________ **Figure 25**

STUDENT NAME	DATE OF BIRTH	ABSENT	HEARING MARK P OR F			VISION MARK P OR F	DEVELOPMENTAL MARK P OR F	COMMUNICATION MARK P OR F	PARENT INFORMED	ASSESSED		OUTCOME
			PURE TONE	IMP I	IMP II					MEDICAL/ CLINIC	EDUCATIONAL	

Figure 26

Parent Communication

____
Child's Name

____
Date

Dear Parent:

Your child was screened at ____________________________ (Site) in the following areas:

_____ vision	_____ development
_____ hearing	_____ communication

****

RESULTS

_____Screening results show no cause for concern at this time.

_____Screening results show cause for concern in the area of

____

Please read the enclosed information carefully and contact me for further information.

Thank you for your cooperation.

Screening Project Coordinator

____
(Phone #)

Figure 27

Parent Communication

____
Child's Name

____
Date

Dear ____________________________:
(Parent's Name)

Your child, ______________________________________, had some problems during
(Child's Name)
recent preschool screening.

YOUR CHILD NEEDS FURTHER TESTING

Your local school district provides further testing "FREE" of charge to all families.

If you live in the Toledo School District, call Sharon at McKesson School (666-5180) for an appointment.

DON'T DELAY!

PLEASE COMPLETE THE ATTACHED FORM AND RETURN TO YOUR CHILD'S TEACHER

(DETACH HERE)

PLEASE CHECK:

_____I have called my local school district and have an appointment scheduled on ______________________________ at ______________________________.
(Date/Time) (Name of School)

_____I need more information and would like to talk to my child's teacher.

____
(Child's Name)

__________________________ ____
(Date) (Parent's Signature)

Figure 28

Parent Communication

____
Child's Name

____
Date

Dear __________________________:
(Parent's Name)

Your child, ____________________________________, recently had his/her vision (eyes) checked.

Your child did not pass the eye (vision) check.

You need to

- Call an eye doctor for an appointment (listed in the phone book under Optometrist or Opthamologist).

or - Make an appointment with your child's teacher to discuss this matter.

NO MATTER WHAT YOU DECIDE, RETURN THE ATTACHED FORM TO YOUR CHILD'S TEACHER.

---

(DETACH HERE)

PLEASE CHECK:

_____ I have made an appointment with __________________________ for my child.
(Doctor's Name)

_____ I have made an appointment at the _____________________________ clinic.
(Name of Clinic)

_____ I need to talk to my child's teacher about this.

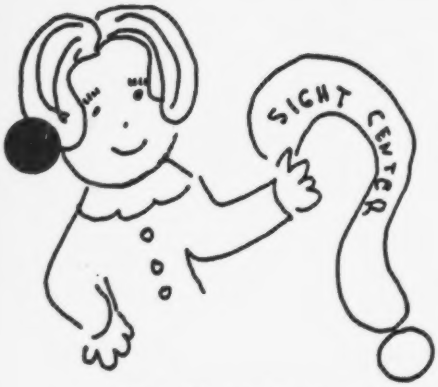
_____ I need more information.

____
(Child's Name)

____
(Date)

____
(Parent's Signature)

Figure 28a



WHAT IS THE SIGHT CENTER?

The Sight Center is a private, non-profit agency serving blind and visually impaired persons throughout northwestern Ohio and southeastern Michigan.

WHO IS ELIGIBLE FOR SERVICES?

Persons of all ages who are blind or visually impaired and live within the Sight Center's service area (21 counties in northwestern Ohio and two in southeastern Michigan). Also, parents and families of the visually impaired.

WHAT SERVICES ARE PROVIDED?

The Sight Center offers social work; rehabilitation teaching; orientation and mobility training; reading and information services (including talking books); recreational activities for blind and visually impaired people; educational programs; preschool, school, and glaucoma screenings; a sheltered workshop; volunteer services; guided tours of the center, and a speakers' service.

HOW DO I APPLY FOR SERVICES?

Call or write your request to the Sight Center, (419) 241-1183. Anyone may refer him or herself, a relative, friend, or neighbor who is visually impaired. The Sight Center will contact the person for an assessment of his or her situation.

Copyright © 1975 National Society to Prevent Blindness

HOME EYE TEST FOR PRE-SCHOOLERS

Produced and distributed by the

National Society to Prevent Blindness

79 Madison Avenue, New York, NY 10016

THE SIGHT CENTER
1819 Canton Street
Toledo, Ohio 43624

PREVENT BLINDNESS®

With grant support from
Delta Gamma Foundation and Lakeview Fund, Inc.

1

Facing the problem

It is estimated that one in every 20 preschool-age children in the U.S. has a vision problem which, if uncorrected, can lead to needless loss of sight. For some of these children, those with "lazy eye," discovery and treatment before school age is necessary.

A child thinks that everyone sees the way that he does. If he doesn't see well, he probably won't complain—he doesn't know he has a "vision problem."

It's up to you to see if your child has normal vision. This Home Eye Test is a good start; but in no way takes the place of a professional eye examination, which every child should have before entering school.

Read these instructions carefully before cutting folder.

2

Things to assemble

All you need besides this folder are

- a cup (paper or plastic preferred) to cover child's eye
- some sort of tape or tack to hang up E chart
- scissors and pencil.

3

Preparing the setting

Choose a time (mornings are best) when your child is rested.

Find a well-lighted room where you can be alone with the child.

Measure ten feet (five lengths of the two-foot "ruler") ⇨ from a bare wall with no windows and place a chair for the child at this point.

TWO FEET
(when folder is entirely open)

Hang the eye chart on the wall at the child's eye level when in a seated position.

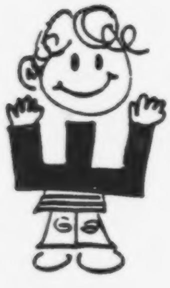
Place a chair for yourself alongside the eye chart.

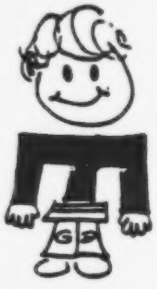
Teaching the child

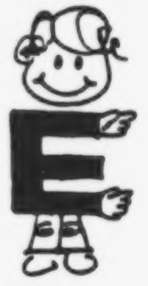
First, explain to the child that you are going to play a "pointing game" with him. (Avoid coaxing or insisting. If the child doesn't want to, choose another time.)

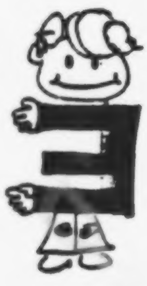
Cut out the panel showing the big E and teach him to point like it "points" when held in the four different directions (up, down, right, and left—see drawings below).

Say to him, "point like this." Show him if he needs help. Continue until he can point in the four directions without help. Praise him each time he responds.

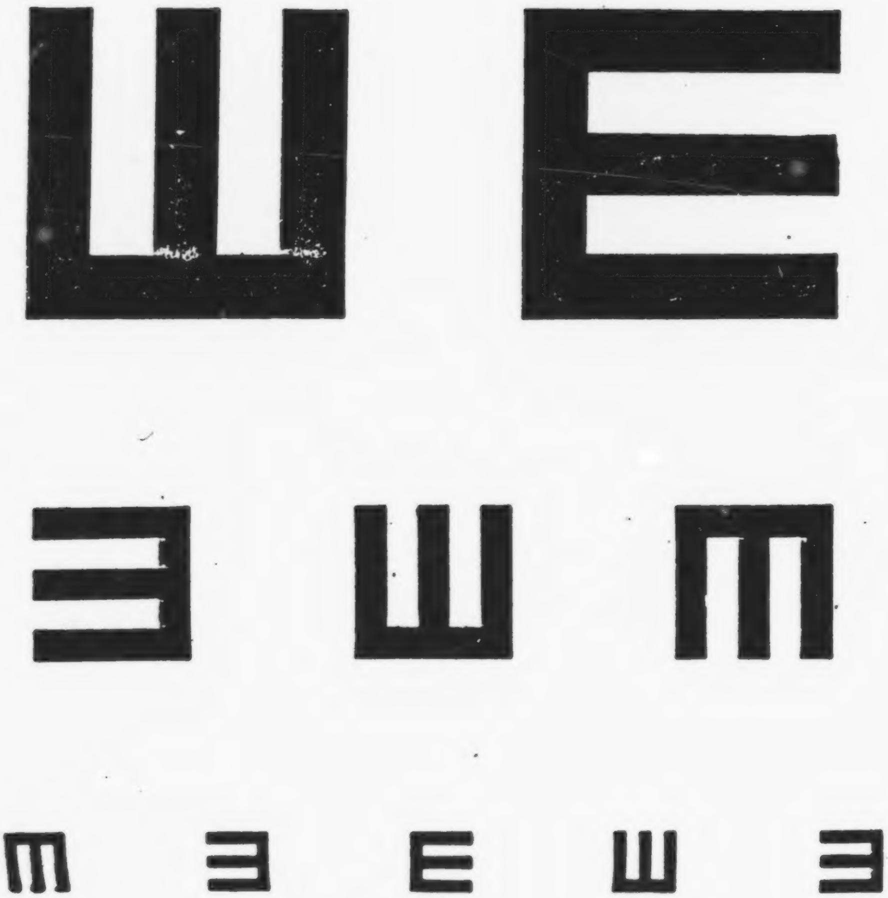

Point Up

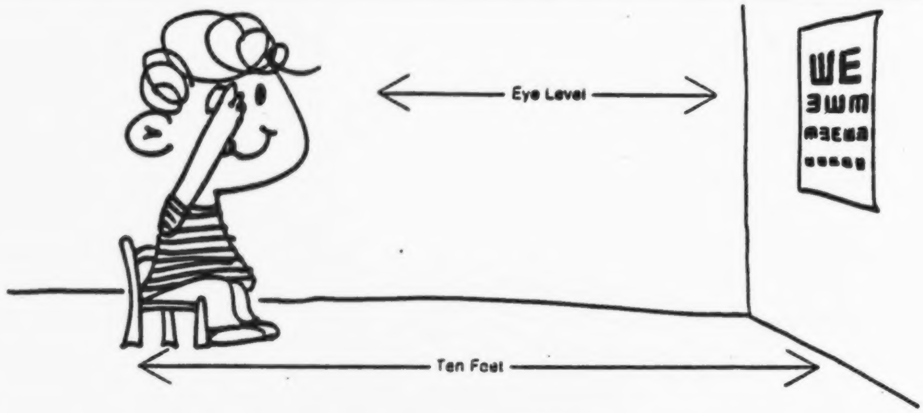

Point Down


Point This Way


Point That Way

Then show him how to hold a cup over his eye.
(A second person may be needed to hold the cup in place.)





5
sting the vision

Seat yourself alongside the eye chart. Have the child sit on the other chair 10 feet away holding the cup over one eye.

Do not let him peek at all!

Point at each of the E's starting with the largest and moving down to the smallest he seems able to see.

Praise him each time he points.

Write down the number of the smallest line he can see. Repeat the above with the other eye covered, and again, write down the smallest line for that eye. Right ______ Left ______

Interpreting the results Most children age three and older can usually see all of the next to the bottom line (Line Three, underlined in red) without difficulty.

If, in repeated tests on different days, your child cannot see Line Three, or cannot see the same line with each eye, arrange for a professional eye examination.

7
Reporting ▷

The National Society to Prevent Blindness wants to know if this has helped you, and having this report from you will help us help others. Of course, all information will be kept confidential.

Child's name ______________________ Age ______

My child passed the test because

- ☐ He saw all of Line Three with each eye.
- ☐ He saw all of Line Four with each eye.

My child needs an eye examination because

- ☐ He could not see Line Three with each eye.
- ☐ He could not see the same line with each eye.

We have an appointment for an eye examination with

Dr. ______________________ Date ________

Address ______________________

PLEASE PRINT

My Name ______________________

Address ______________________

City ____________ State ________ Zip ______

☐ Please send a test for me to pass on—so another child can benefit.

☐ Please send information on obtaining tests for community distribution.

E

Figure 29

Parent Communication

____
Child's Name

____
Date

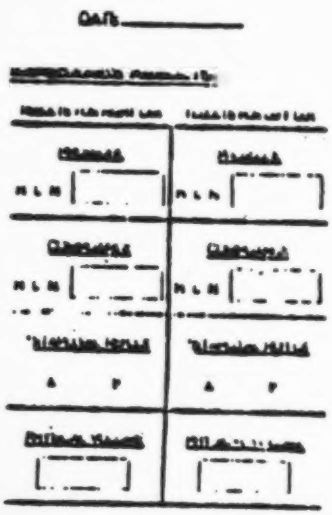
Dear ______________________:
(Parent's Name)

Your child, ______________________________, did not pass the hearing
(Child's Name)
check and SHOULD BE SEEN BY A DOCTOR!

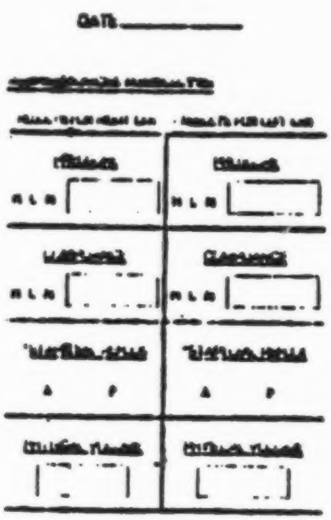
The attached form is the hearing check results and should be given to your doctor at the time of your appointment. (REVERSE SIDE)

Also enclosed is a parent fact sheet for your information and a form to be completed by you and returned to child's teacher.

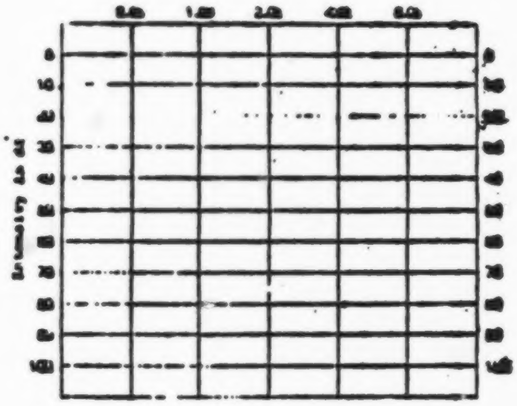
FIRST IMPEDANCE SCREEN



SECOND IMPEDANCE SCREEN



PURE TONE SCREEN



PHYSICIAN'S REPORT

HEARING SCREENING PROGRAM

Name of Child School

Address City State Zip

Summary of hearing problem if indicated and diagnosis: ____________________

Was treatment for hearing problem necessary for this child? Yes____ No____

What further treatment or testing is needed? ____________________

When? ____________________

What are the recommendations to the parents and/or school? ____________________

Physician's Signature

Address

Date

RETURN TO ____________________

Child's Teacher

School

Address

67

FACTS FOR PARENTS

Figure 29a

DID YOU KNOW?

Often children with colds will suffer a hearing loss for a short period of time. This loss is caused from fluid in the ear.

If your child is tested while he/she has a cold, your child may fail the hearing check and should be seen by a doctor.

An untreated ear infection may cause permanent damage to your child's hearing.

WHAT SHOULD I DO IF MY CHILD DOES NOT PASS THE HEARING CHECK?

CALL YOUR FAMILY DOCTOR OR CLINIC FOR AN APPOINTMENT

or...Call the Academy of Medicine at 473-3200 if you need a family doctor or clinic.

or...Contact your child's teacher for further information.

NO MATTER WHAT YOU DECIDE . . . . . RETURN THE ENCLOSED FORM TO YOUR CHILD'S TEACHER

DON'T DELAY!!!! YOUR CHILD NEEDS FURTHER TESTING.

Parent Communication   Figure 29b

COMPLETE THIS FORM AND RETURN TO YOUR CHILD'S TEACHER

Please check:

_____ I have made an appointment with ____________________ for my child.
(doctor's name)

_____ I have made an appointment at the ______________________________ clinic.
(name of clinic)

_____ I need to talk to my child's teacher about this.

_____ I need more information.

____
(child's name)

____
(parent's signature)

____
(date)

Figure 30

Parent Communication

____
Child's Name

____
Date

Dear ______________________:
(Parent)

Your child, ______________________________, received a speech and
(Child's Name)
language screening on ______________ at __________________________.
(Date) (Center)

Based upon the results of the screening test, WE RECOMMEND FURTHER SPEECH AND LANGUAGE TESTING. Further testing can be done at

1. Your local school district
   Toledo Public School residents, call McKesson School, 1624 Tracy, Toledo, Ohio 43605. 666-5180
2. Toledo Hearing and Speech Center, One Stranahan Square, Rm. 342, Toledo, Ohio 43604. 241-6219.
3. University of Toledo - Speech and Hearing Clinic, 3801 West Bancroft, Toledo, Ohio 43606. 537-4339 or 537-2173.
4. Area Hospitals Speech and Hearing Department.

Please complete the attached form and return to your child's teacher by

____________________.
(Date)

Detach here

Please check:

_____I have made an appointment with ______________________ for my child.
_____I need to talk to my child's teacher about this.
_____I need more information.

____
(Child's Name)

____________________ ______________________________
(Date) (Parent's Signature)

Figure 31

____
(Child's Name)

Dear ____________________________:
(Parent)

Recently your child brought home a letter stating that she/he did not pass the ____________________________ check.
(Area of Screening)

Those results showed _________________________ needs further testing.
(Child's Name)

I'd like to help you if you have any questions or concerns. Please call ___________________________________.
(Phone #)

Please complete the attached form and return it to me.

Sincerely,

____
(Teacher's Signature)

____
(Date)

Send with parent response form (fig. 29b)

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FOLLOW-UP COMPONENT OF SCREENING

TASKS

1. Send notices to parents of children failing one or more components of the screening. Send notices by way of day care teachers. (Figure 26-30)

2. Compare "parent-return" slips with list of children needing follow-up assessment. (Figure 25)

3. Contact parents who have requested further information.

4. Contact parents failing to return slips. (Figure 31)

5. Share screening results with day care teachers. (Figures 24 & 25)

6. Summarize screening and follow-up results (brief written report).

VOLUNTEER TRAINING

SUBSECTION OUTLINE

Introduction

Nontechnical Assistance

Development

Vision/Medical Health

Hearing

Communication

INTRODUCTION

Volunteers can play an important role in providing cost-effective screening services. Trained volunteers can assist in both technical and non-technical aspects of screening. Some of the ways in which nontechnical volunteers can be involved in the various phases of the screening programs are outlined in Figure 31. Technical volunteers assist in the administration of the screening instruments. Such volunteers are trained in the administration of the instrument and are carefully monitored by a professional.

Linking with other community agencies is important to the recruitment and training of both technical and nontechnical volunteers. Universities are one possible source of volunteers. Students in such programs as early childhood special education or communication disorders may be involved in the technical areas of screening.

It is not expected that screening teams from the schools will do all the training of volunteers. Many communities may already have some aspects of screening in place. In these instances, the preferred format would be to coordinate with such programs in making the different areas of screening available at one location and at one scheduled time.

This section of the manual outlines a training program for technical and nontechnical volunteers. The technical areas were developed with the assistance of university personnel and other professionals in the community involved in various areas of screening.

VOLUNTEER TRAINING FOR NONTECHNICAL ASSISTANCE

Developed by

Carol Quick, Supervisor
Early Childhood Program
Toledo Public Schools
and
Ruth Johnson, Coordinator
Early Identification Project
Toledo Public Schools

The training for the nontechnical volunteers, as outlined in this manual, covers a three-hour period and addresses the following areas:

(1) purpose of screening
(2) difference between screening and assessment
(3) mechanics of screening
(4) importance and nature of follow-up
(5) volunteer roles

Additional areas that could be addressed include

(1) confidentiality and parent rights
(2) community resources available for follow-up assessment and intervention.

It is suggested that each trainee receive a packet of materials including the agenda for training, a copy of the school's policy on confidentiality and parent rights, and a copy of his or her individualized job description.

JOB DESCRIPTION

NONTECHNICAL VOLUNTEER

QUALIFICATIONS

*Own transportation

*Knowledge of community and/or organization

*Good communication and interpersonal skills

*Good organizational skills

*Minimum clerical (typing, etc.) skills helpful

*Ability to convey positive and accurate information on telephone

COMMUNITY RESOURCES FOR VOLUNTEER RECRUITMENT

*Parent organizations

*R.S.V.P. and foster grandparents

*Students (secondary/college)

*Community organizations

*Church groups

RESPONSIBILITIES

*Public awareness

*Schedule preparation

*Communications with screening personnel, parents, and participating agencies (day care, schools, etc.)

*Assistance with receiving children and parents

*Preparation of name tags

*Assistance with troubleshooting on screening days

*Facilitation of screening/assistance to screeners (i.e., managing individual child needs)

*Assistance in collection of data

*Assistance in scoring & recording information

*Assistance in information flow and follow-up activities

REPORTS TO

*Person assigned to coordinate screening program

*Person in charge of host agency

*These tasks must be divided and assigned to more than one volunteer.

NONTECHNICAL VOLUNTEER TRAINING

AGENDA

INTRODUCTIONS
  10 minutes

-Case Studies
  15 minutes

-Conditions that interfere with development and learning
  30 minutes

-"What if" game
  15 minutes

-Break
  10 minutes

-Difference between screening and assessment
  15 minutes

-Overview of Screening Program
  25 minutes

-Screening Follow-Up
  10 minutes

-Generic Volunteer Screening Job Description
  30 minutes

-Individualizing your own volunteer job description
  20 minutes

-Wrap Up
  5 minutes

Nontechnical Volunteers
Objective 1: Volunteers will understand the importance for early identification.

AGENDA	OBJECTIVES	ACTIVITIES/MATERIALS	PROCEDURES	EVALUATION
Introductions (10 minutes) Case Study (15 minutes)	To get to know each other. To understand the importance of early identification.	*Written case studies overheads (1) Otitis media Without intervention (Amanda) (2) Otitis media with intervention (Erica)	Introduce self to others Present case studies	
Conditions that interfere with development and learning (30 minutes)	To understand the implications of different handicapping conditions: *developmental *health *vision *hearing *behavior/emotional *physical	*Normal development chart (Overhead and handout) *Factors that interfere with normal development. (overhead)	*Discussion *Identify from participants' backgrounds persons they know with handicapping conditions.	Audience Participation
"What if" situations (15 minutes)	To understand the benefits of early intervention	Written "What if" situations	Present and discuss situation	Audience Participation
Break 10 minutes				

Nontechnical Volunteers
Objective 2: Volunteers will understand what is involved in a screening and follow-up program.

AGENDA	OBJECTIVES	ACTIVITIES/MATERIALS	PROCEDURES	EVALUATION
Differences between screening and assessment (15 minutes)	To understand screening results (difference between screening and assessment)	"Mice overheads" with accompanying story	Discuss movement of children from station to station	
	To understand the components of screening: -parent involvement -health and developmental history -hearing -vision -development *motor *social-emotional *communication *cognition *adaptive		Show and discuss "mice" story and overheads Discuss and/or demonstrate use of materials. Review case studies of Erica and Amanda	Audience Participation
Overview of the screening program (25 minutes)		Overhead of stations with "moveable child" screening materials		
Follow-up (10 minutes)	To understand the importance of follow-up			

Nontechnical Volunteers
Objective 2: Volunteers will understand their role in the screening process.

AGENDA	OBJECTIVES	ACTIVITIES/MATERIALS	PROCEDURES	EVALUATION
Generic volunteer screening job description (30 minutes)	To identify volunteer tasks that take place during prescreening phase	Printed copies and overhead of job description (cartoon overhead)	Identify those activities that are prescreening activities	
	To identify volunteer tasks that take place during screening phase		Identify those activities that are screening -day activities	
	To identify volunteer tasks that take place during follow-up phase		Identify those activities that are follow-up activities	
Individualizing your own volunteer job description (20 minutes)	To develop individualized job description	Blank job description forms (Figure 31)	Invite participants to write their own job descriptions based on previous discussion	Individualized job descriptions
Wrap Up (5 minutes)	To clarify questions		Invite discussion of questions and concerns	Audience Participation

ERICA: A CASE IN POINT

Contributed by
Carol Quick
Project C.H.I.L.D. Director

The story of Erica is a typical example of the type of child served through Project C.H.I.L.D. and the intervention program prescribed for her.

Background Information

Erica was referred to the Toledo Public Schools Early Childhood Program for the Handicapped in November 1981 because of a language delay and suspected hearing loss. She had a long history of ear infections. She is the younger of two children in the home with a brother two years older.

According to her mother, Erica's early development was normal in all areas except language. She sat alone at six months, walked at ten months, and was toilet trained at two years of age. Her delay in speaking was a concern. Erica's mother questioned her ability to hear normally very early because of frequent ear infections and her inconsistent response to sound. For instance, Erica wanted the T.V. turned "way up" some days and not others. She sometimes "paid attention" to what was said and other times had to be told to do something many times.

Medical Background

Pregnancy, birth, and postnatal history were reported as normal. Erica has been seen by a family doctor since birth. The physician report indicated that, except for frequent ear infections, Erica's physical development was entirely within normal limits.

Erica has been treated for middle ear disease since she was two and a half months of age. At seven months she was admitted to a hospital with acute upper respiratory infection, acute bilaterial otitis media, and acute bronchitis. She was treated with ampicillin and actifed syrup and discharged after three days.

Actifed was discontinued after her mother reported that it caused Erica to be hyperactive and disturbed her sleep. Her ear infections continued. Erica was referred to an ear-nose-throat specialist (E.N.T.) when she was 10 months old. Examination showed both ears to have thick, tenacious fluid in them. Subsequently, tubes were inserted without difficulty. An examination one month later showed her ears to be returned to normal. Erica has been under the care of the E.N.T. ever since. Ear infections persist. Tubes have been replaced once since their initial insertion.

Educational Program

Erica was enrolled in a Toledo Public School diagnostic class in November 1981. During the eight-week assessment period, Erica participated in a variety of activities designed to yield information about her developmental status, interactive style with peers, cognitive ability, and social-behavioral characteristics. Results indicated that Erica was at or above her chronological age in all areas except that of language. An attempt was made to administer the Stanford-Binet Scale, but it was terminated when it became evident to the psychologist that he was unable to discern Erica's response due to her unintelligible speech. As a result, the Merrill Palmer Scale was administered with language items omitted. Erica had no difficulty on this instrument.

Erica was able to complete geometric formboards without difficulty, and quickly and accurately completed free form puzzles with up to 5 pieces. At no time did she use a trial and error approach, but visually scanned for cues and based her judgments on these. The psychologist noted that at the time the test was given, it was not possible to determine her cognitive skills with verbal reasoning due to the unintelligibility of her speech.

Erica's linguistic age as measured on the Sequenced Inventory of Communication Development was 32 months as compared with her chronological age of 45 months.

Results from the Goldman-Fristoe Test of Articulation showed the extent of Erica's unintelligible speech. Many omissions, distortions, and substitutions were apparent; sound errors were most frequent in the high-frequency range.

Results from a diagnostic language sample showed a 3.17 mean length of utterance, as well as the use of pronouns and indefinite articles in place of nouns, verbs, and descriptive modifiers. Erica's syntax was primitive. Audiological assessment during the diagnostic period included a pure tone screen and impedance testing. Erica responded to sound at 25 db in the speech frequency.

Because of the severity of Erica's language impairment and the need for careful audiological monitoring, the educational assessment committee recommended that Erica be placed in a class for children with mild to moderate hearing impairments related to otitis media for the remainder of the 1982 school year. In addition, Erica's mother would attend a workshop series designed to help her foster language development at home.

Erica's Program

Erica participated in a small group language/listening skills development program that operated four half-days a week from January through May. During this period emphasis was placed on auditory skill development, including discrimination, localization, memory, and sequencing. Specific articulation therapy was not recommended at this time as Erica's need to be tuned into sound and learn language was considered to be the foundation for later speech work.

Erica learned language by participating in appropriate teacher planned and facilitated activities. Because her vocabulary was so limited, the initial approach was to provide her with concrete hands-on experiences in a setting that would foster communication and interaction with others in the group.

Erica's middle ear condition was monitored through impedance testing during this period. The right tube was in place throughout the period, but tympanometric results indicated the possibility of fluid in the left ear.

By the end of the school year, Erica's language was greatly improved. Plurals and more complex verb forms were beginning to emerge. Her vocabulary had increased, though pronouns and indefinite modifiers were still primarily used in place of nouns and verbs.

In September Erica returned to the program. A speech sample taken at that time provided evidence of continued improvement in Erica's language development. The teacher noted that Erica was initiating communication with others through language. Results from the Goldman-Fristoe Test of Articulation were encouraging, with omissions and distortions being less frequent. An educational assessment committee recommended that Erica be placed in a mainstream preschool setting for 82-83 with assistance provided to the preschool teacher regarding Erica's special needs in language/listening development. Erica was enrolled as a special needs student in a Head Start class at Cherry Preschool. The Head Start teacher participated in training sessions developed by Project C.H.I.L.D. staff. The focus of this training is to provide teachers with information about language development and hearing techniques to foster language and listening skills in the classroom. Erica's language program and auditory status are currently being monitored. Her language continues to improve.

Erica's Toledo Public School resource teacher is providing Erica with articulation therapy at present. This activity takes place in the classroom in a "speech corner" and may involve other youngsters in the class. This arrangement facilitates carry-over to other classroom activities.

Erica will be enrolled in a regular kindergarten program next year. Project staff will provide her teacher with information and suggestions regarding some special concerns centering on her hearing. Erica's otitis condition still exists and should be monitored. Erica will probably need articulation therapy. The educational prognosis for this little girl is bright. With some special support, she should succeed in a regular educational program.

DEVELOPMENTAL CHART

Years	a. Motor*	b. Feeding*	c. Play*	d. Receptive Behaviors	e. Expressive Behaviors	f. Grammar	g. Speech
1	Stands alone. Uses finger-thumb grasp.	Feeds self finger foods. Drinks from cup with assistance.	Bangs toys or objects together. Plays interactive games (peek-a-boo).	Looks at people who talk. Responds to simple commands accompanied by gestures.	Says sound combinations that sound like words. Responds to talking by "talking."		
2	Balances when walking. Imitates vertical strokes.	Begins to use spoon. Lifts cup and drinks well.	Throws objects and picks them up. Enjoys pulling toys.	Gets items of clothing on request. Responds to simple commands without gesture.	Asks for items by name. Answers simple questions like "What's that?"	Combines 2 to 3 different words; some verb phrases.	Uses initial m, b, p, f, n, k, g, w. Final n.
3	Pedals tricycle. Imitates building a tower of 4 blocks.	Inserts spoon in mouth correctly. Holds small glass in one hand.	Shows interest in manipulative toys. Plays alongside another child.	Selects big/little. Puts items in or on, as directed.	Relates immediate experiences. Answers questions of choice like "Which one?"	Uses regular plurals. Uses third person pronouns.	Uses final consonants from above. Uses s, f, d, r initial and final.
4	Hops on 1 foot. Draws a person in 3 parts.	Serves self at table. Pours well from a pitcher.	Expresses imagination in play. Begins sharing toys.	Follows 3 action commands. Puts items under or beside, as directed.	Asks "Why?" and "How?" questions. Answers complex questions like "What's it for?" "How?"	Uses past tense. Says sentences of 4 words.	Uses m, ch, v, l, and consonant blends (e.g., st, sp, tr, bp.

Note a, b, c above selected from The Washington Guide to Promoting Development in the Young Child, by K. E. Barnard and M. L. Powell, University Washington Child Development and Mental Retardation Center, Seattle, Washington. Copyright, 1972 d,e,f,g above selected from The Sequence Inventory of Communication Development, by D. L. Hedrick, E. M. Prather, and A. R. Tobin, Seattle, University Press, 1975.

*Data from Kathryn E. Barnard and Marcene L. Powell, Teaching the Mentally Retarded Child, St. Louis, The C. V. Mosby Co., 1972.

"WHAT IF" SITUATIONS

1. Tommy, a newborn infant, has a significant hearing loss. He cries, sleeps, eats, and does most of the other things newborns do. What if his hearing loss isn't discovered by the medical people in the hospital, and his parents don't notice anything different either? What might happen by the time he's three-and-a-half years old? What areas are affected?

2. Jodi is a four-year-old in Head Start. Her teacher complains that she's a very undisciplined child. She doesn't stay with any activity for more than five minutes. She talks and squirms during story time; doesn't pay attention during show and tell; and doesn't follow directions given by the teacher. Jodi doesn't talk much; she usually just takes what she wants, expresses frustration through hitting, and rarely tries telling anyone about her experiences. What if Jodi continues operating this way all year and then enters kindergarten the following year with no intervention having been provided? What about expectations and the feelings of her parents?

PRESCREENING

Figure 31

____
Name

____
Date

____Public Awareness
*informs public of program
*provides information to parents
____Scheduling
*communicates with program/agency staff
*communicates with screening personnel

____

Screening
____Serves as receptionist
____Prepares name tags
____Serves as troubleshooter
____Facilitates screening
*assists screeners
*manages individual child needs
____Assists in collecting and recording information

____

Postscreening
____Assists in information flow
*offers feedback to parents
*offers feedback to program
____Assists in follow-up communications
*sends thank-you notes to staff, volunteers, and agency personnel

-1-

Once upon a time in the mouse kingdom of Squeak, there was great consternation among the populace. It seems that a nasty, naughty, noxious substance crept into the community.

-2-

Mice that came in contact with this miserable substance were very susceptible to attack by their feline enemies. So it was that the townsmice lived in constant fear for their lives.

-3-

A specialist mouse from the kingdom of Cheese was called in to consult with the leaders of Squeak. "Methinks," said the good doctor, "that your kingdom is affected by Feline Odoriforous Putridity," (Latin name for cat smell), hereafter known as F.O.P. "This condition can be corrected, but the diagnosis and treatment is difficult and costly."

So fearful were the townsmice, that they quickly agreed that the good doctor should prepare a plan to rid the community of the scourge.

-4-

The specialist mouse, in consultation with the best medical mice minds from many kingdoms, submitted a proposal to the leaders of Squeak. They would need to examine all of the 1,000 residents of the town to determine how each mouse should be treated. This plan would require much equipment with specially trained mice, at great cost, and require many, many days to complete.

-5-

The leaders of Squeak looked to their treasury. Alas, alack, the coffers were almost bare. There was not enough money to pay the distinguished physicians for their diagnostic and prescriptive services for all of the residents of Squeak. There was much gnawing and gnashing of teeth - there seemed to be no answer.

-6-

Then, one of the youngest members of the Council of Mice spoke up. "Why must all the residents be examined?" she said. "Is there not a way to find just those who are affected by the noxious disorder, F.O.P.?"

"What a brilliant idea!" "Bravo!" cheered the others.

-7-

The council members conferred with the specialists again, outlining their proposal: "Would it be possible," they asked, "to design a program that could look at all of the residents of Squeak in a perfunctory manner so that the mice affected with the F.O.P. disorder would be identified? Only these mice, then, would need to undergo the costly, lengthy treatment."

Once again, the specialists scurried back to their labs, and after a period of time, came back to the kingdom of Squeak with another proposal.

-8-

"It seems," said the specialist mouse, "that symptoms associated with the disorder known as F.O.P. (Feline Odoriforous Putridity) not only include an odorous characteristic scent enticing to the mousers of the world (but indiscernible to their victims), but also a nasty, noxious substance that causes fur to adhere to metal."

-9-

"Begin constructing a screen of metal and have all residents of Squeak jump onto the screen. Those who do not escape from the screen will be referred for further testing and appropriate treatment."

-10-

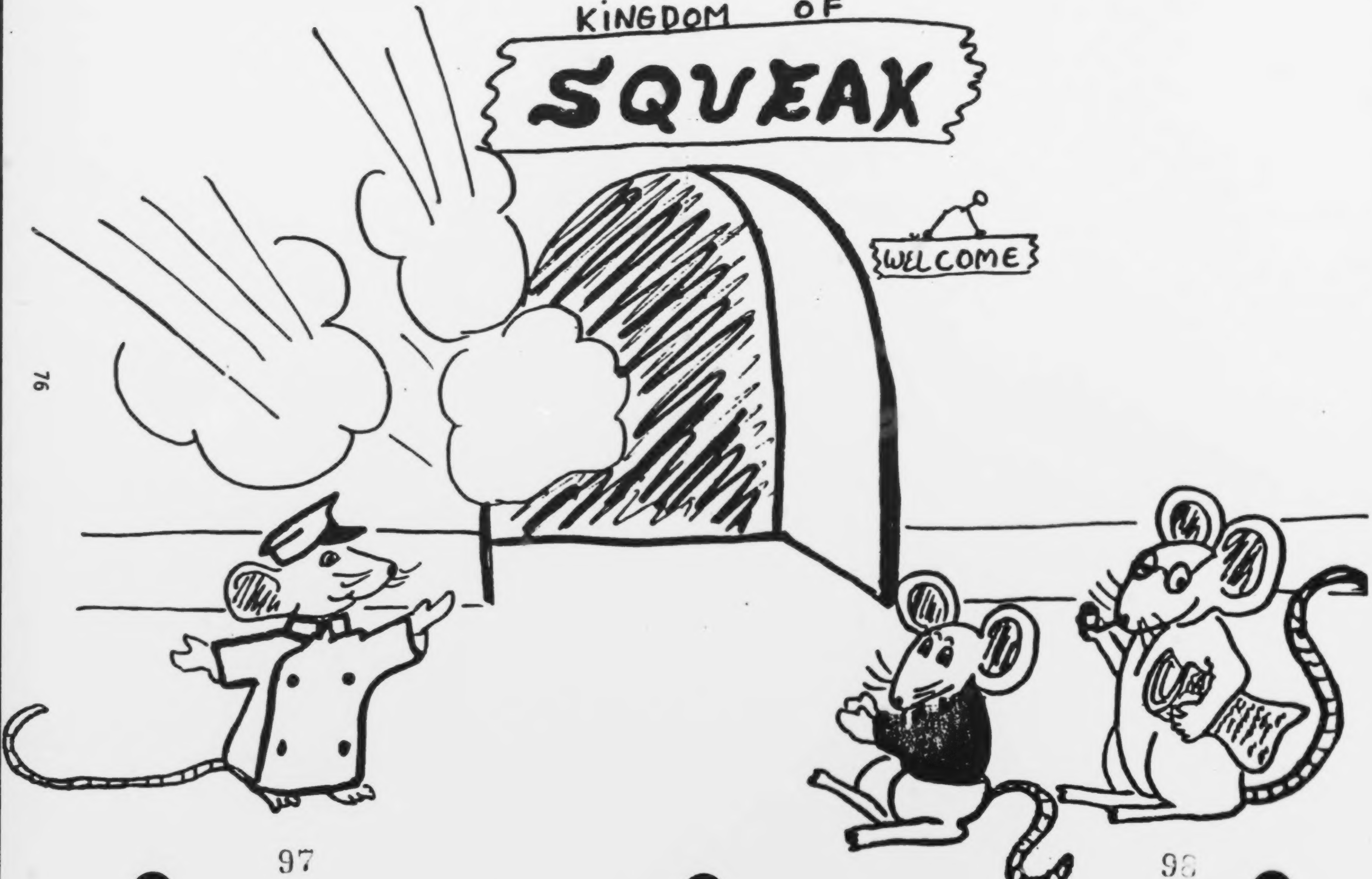
And so it was that all the residents of Squeak were screened. There were squeaks of relief among the many who passed through the screen. Those who adhered to the metal were examined for the noxious substance, F.O.P. Some, the doctors discovered, were just too fat to get off the screen, while others had the dreaded disorder.

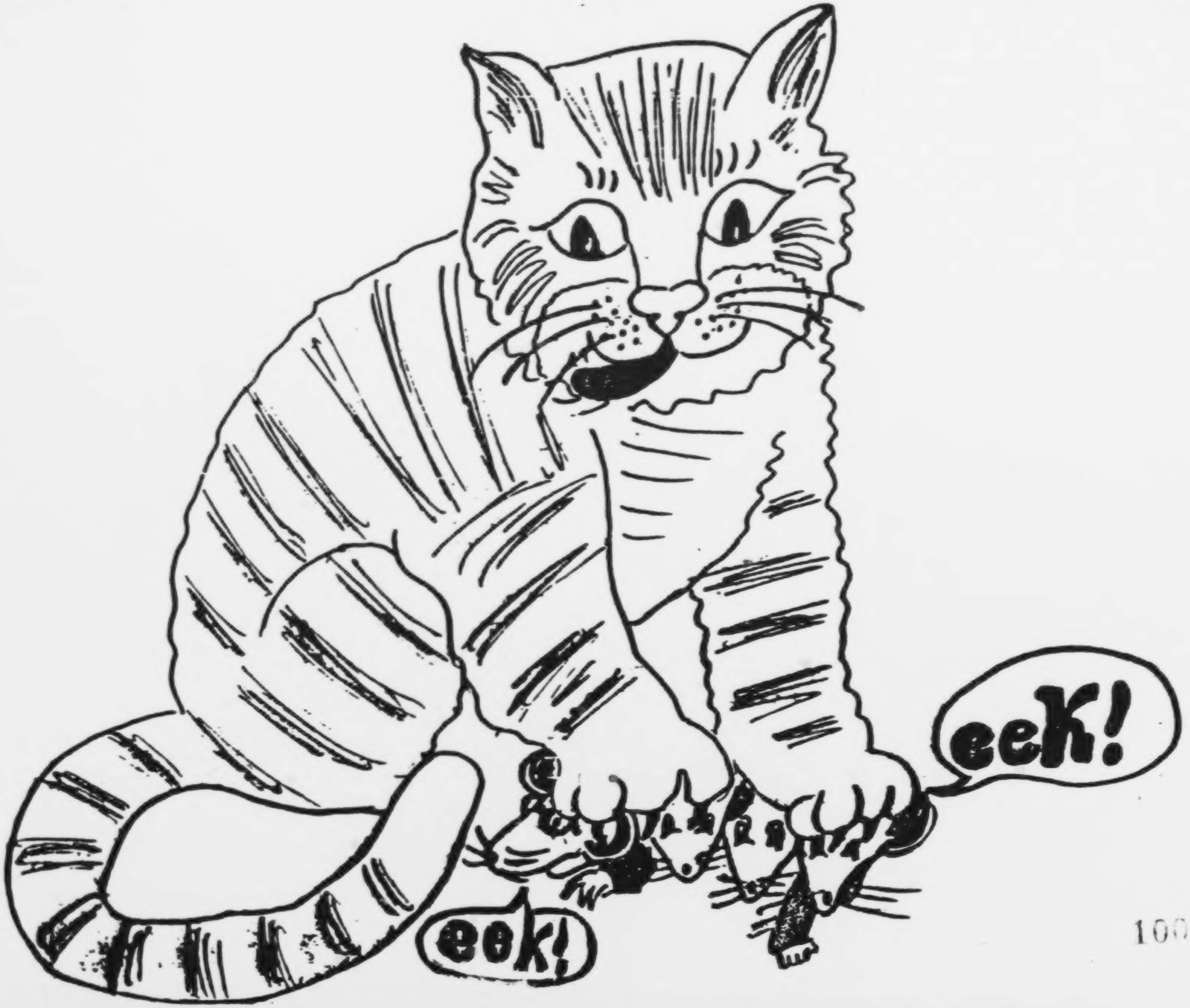
-11-

Treatment for all those affected with F.O.P. followed and, in due time, the Feline Odoriforous Putridity scourge was eliminated from the kingdom of Squeak.

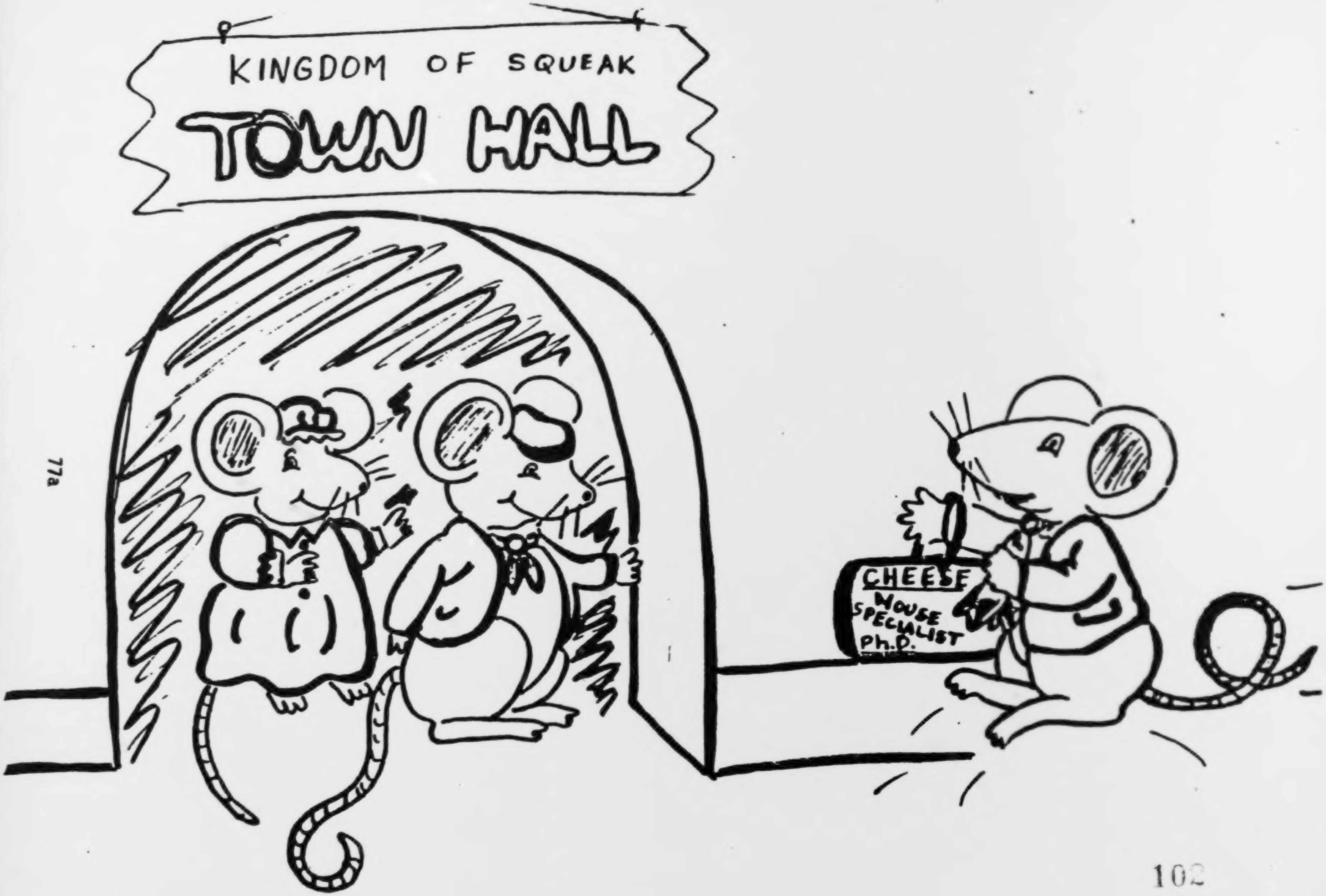
TRANSPARENCIES FOR "MOUSE STORY"

(Nontechnical Volunteer Training)


KINGDOM OF
SQUEAK
WELCOME

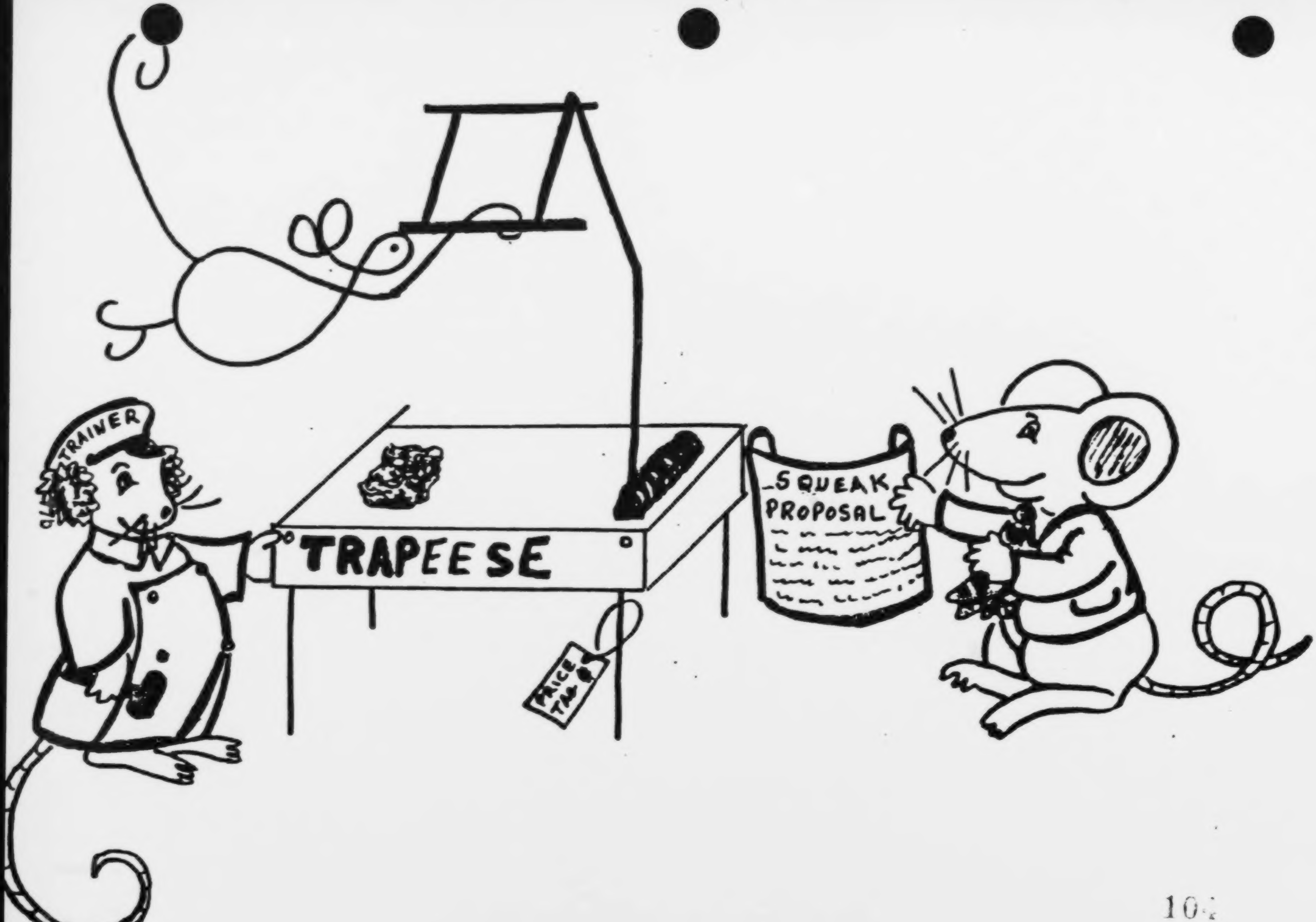

eeK!
eek!

77a

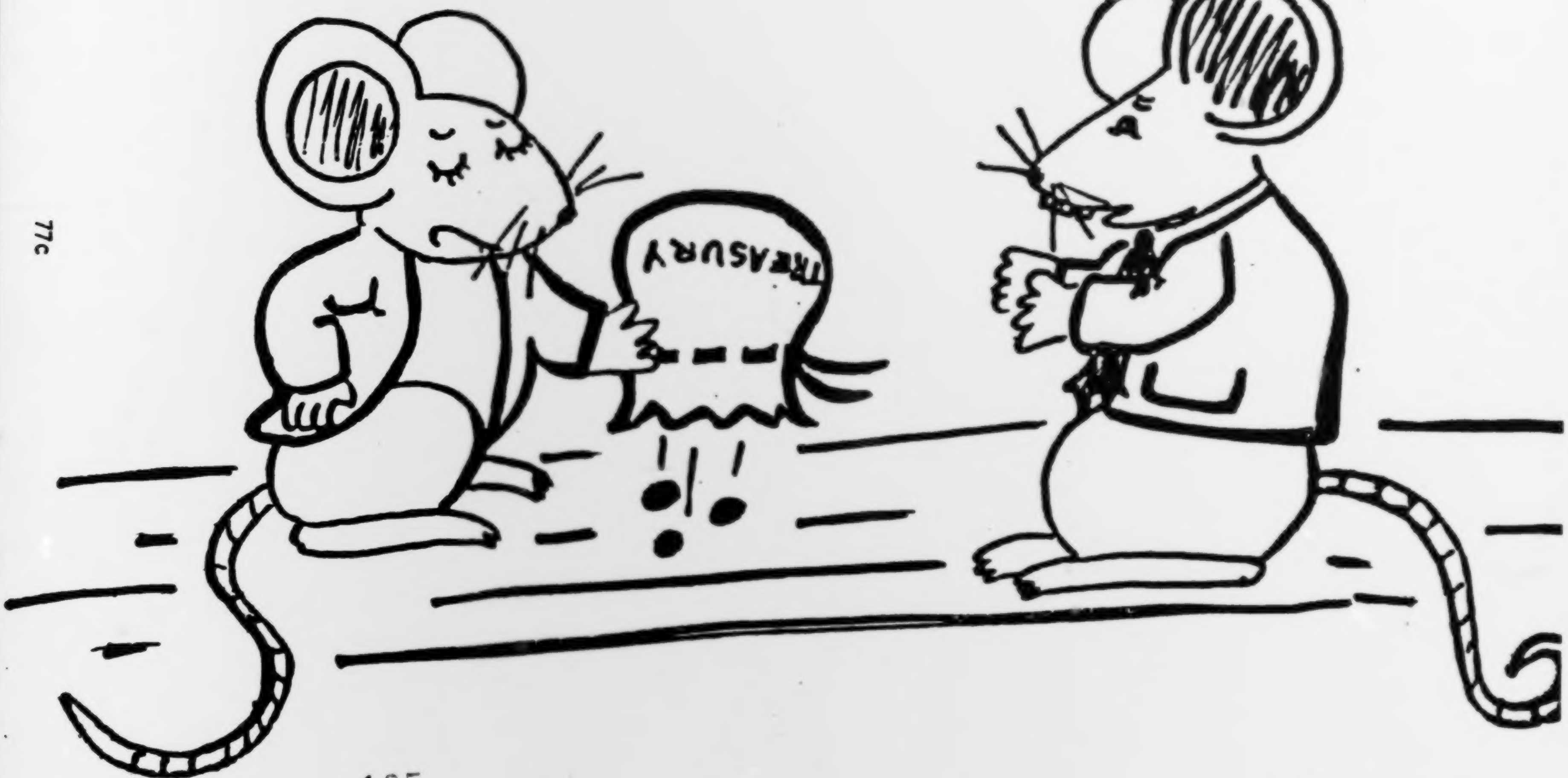

KINGDOM OF SQUEAK
TOWN HALL
CHEESE
MOUSE SPECIALIST Ph.D.

101

102


TRAINER
TRAPEESE
SQUEAK PROPOSAL
PRICE TAG $

77c



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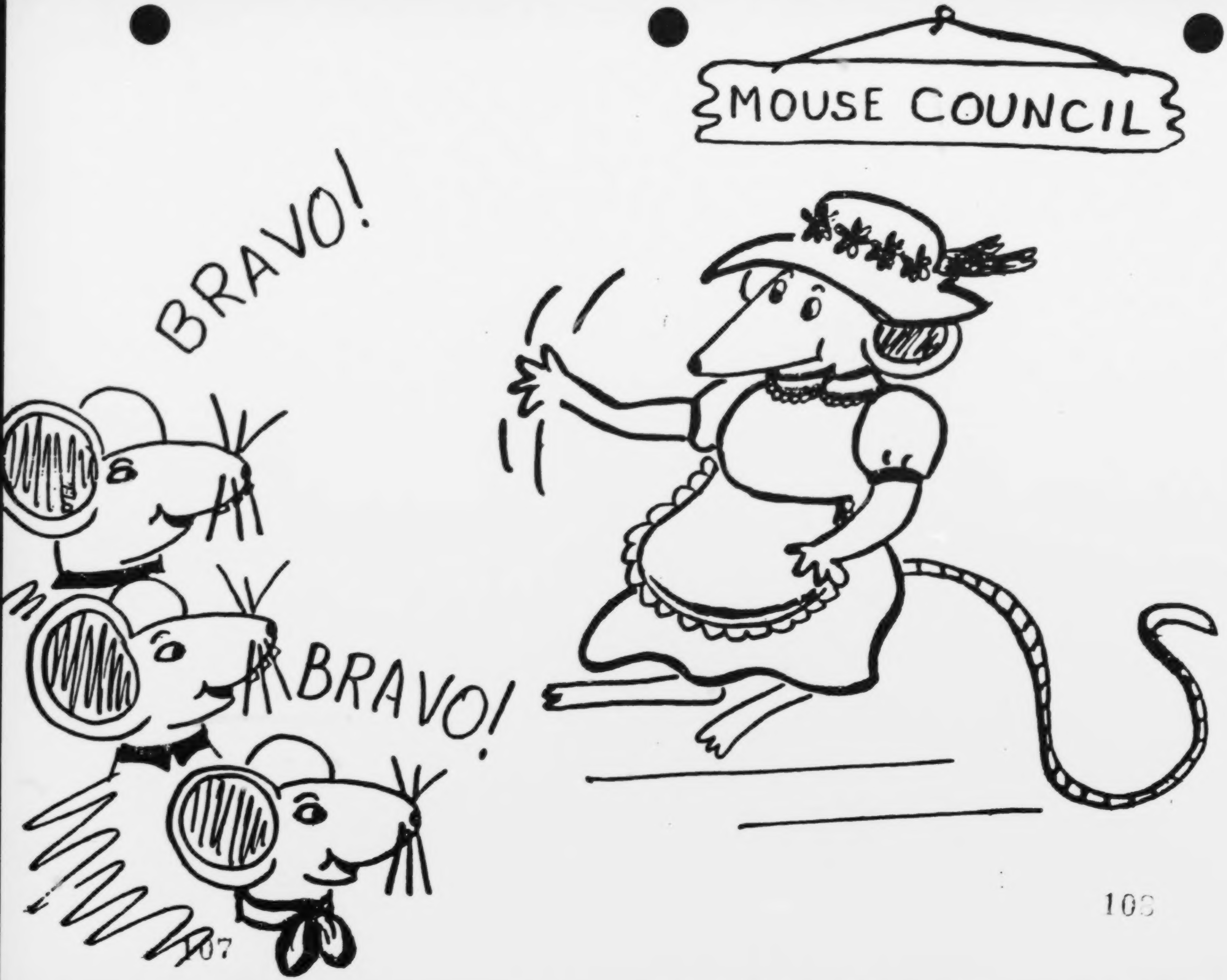
106


MOUSE COUNCIL
BRAVO!
BRAVO!

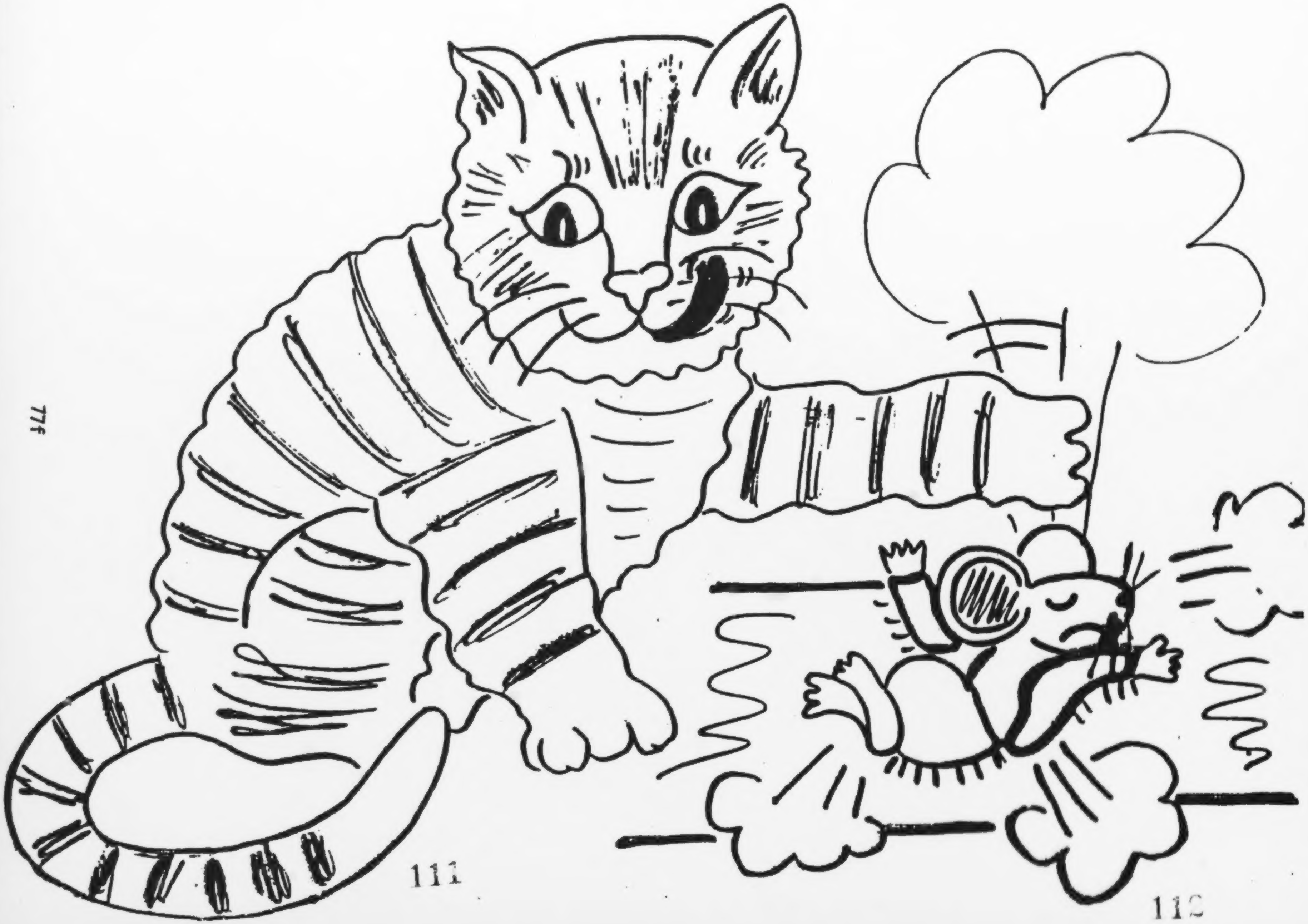
77e

109

CHEESE
Mouse
SPECIALIST
Ph.D

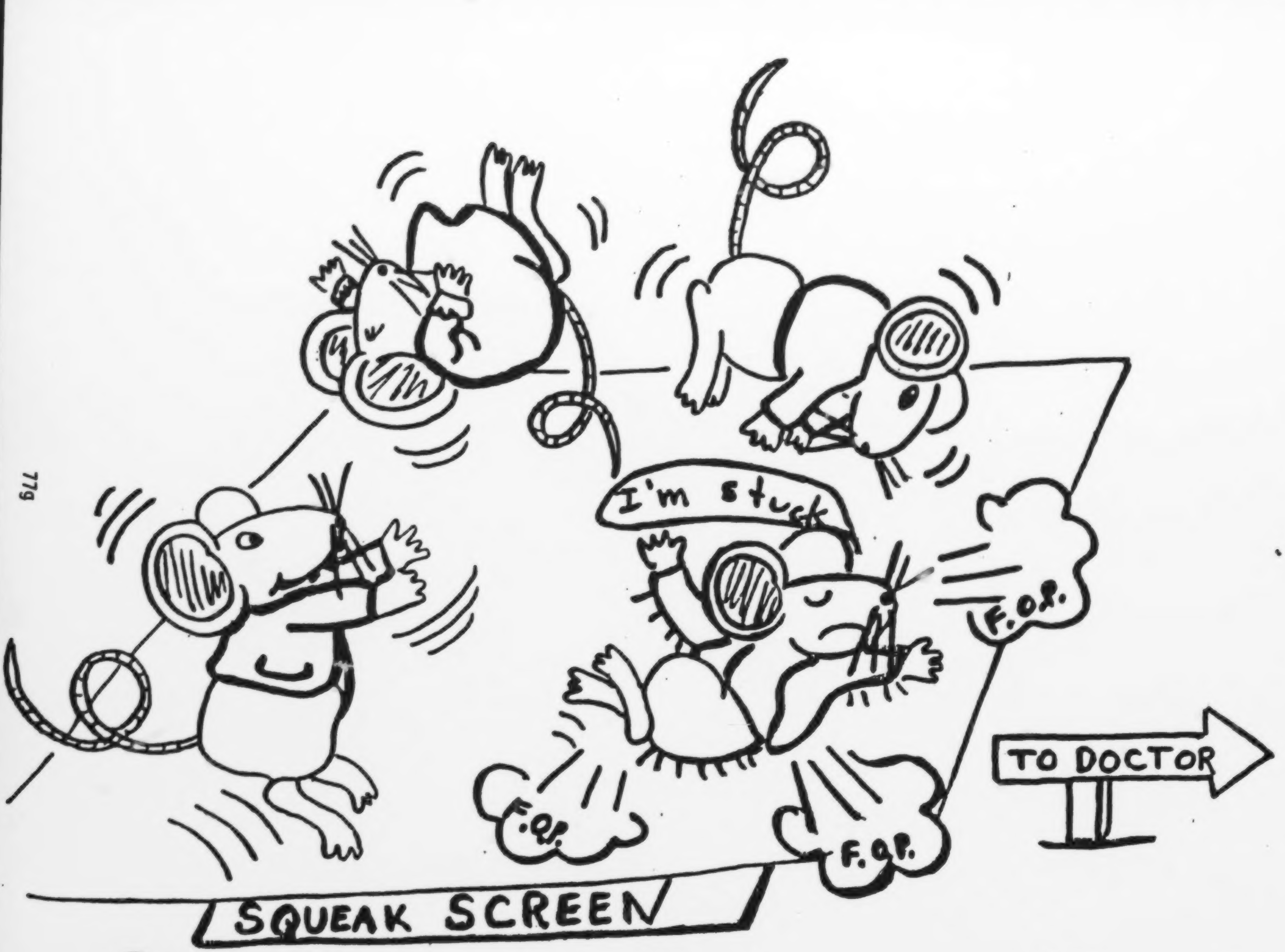
110

77f

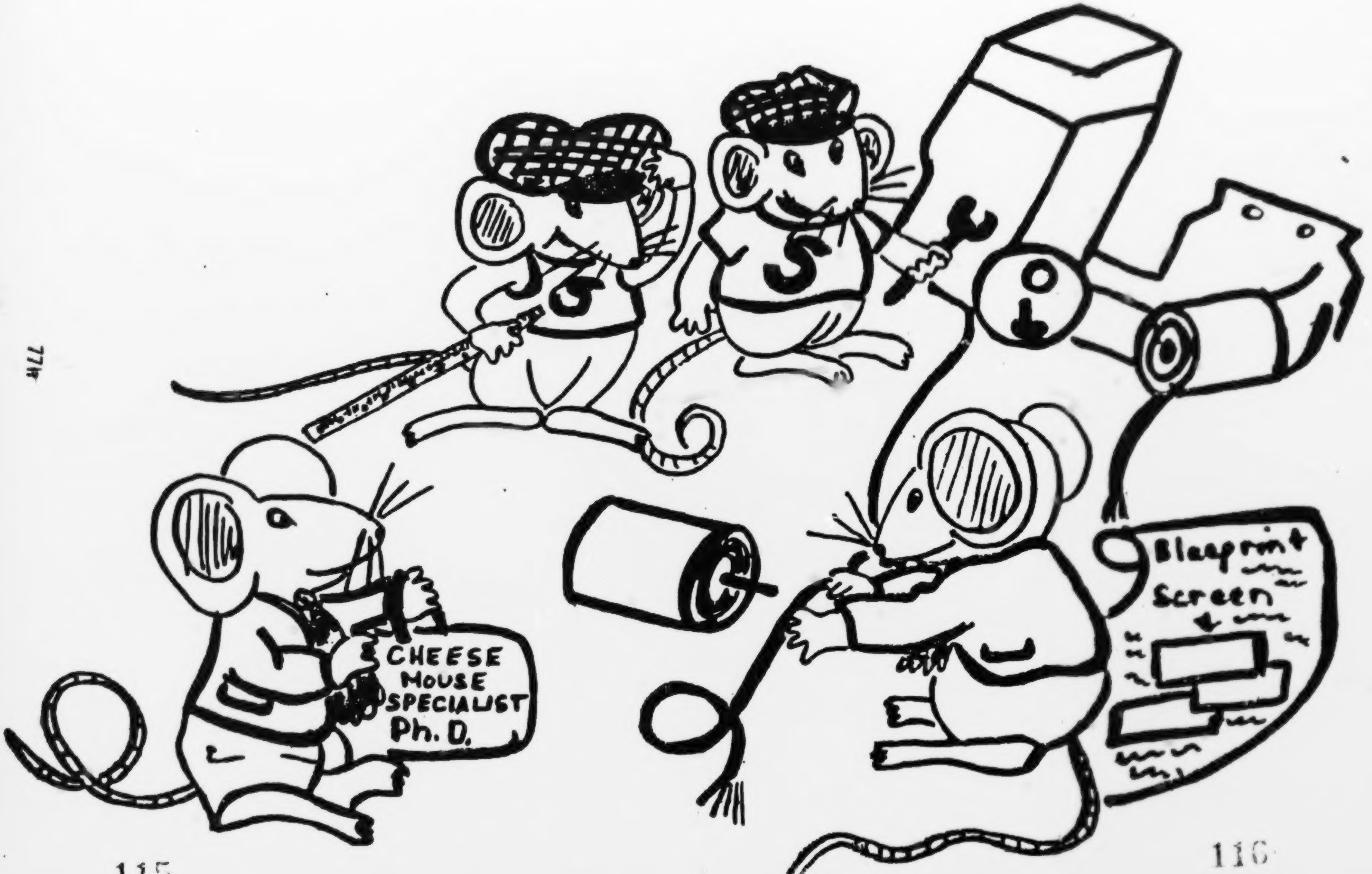


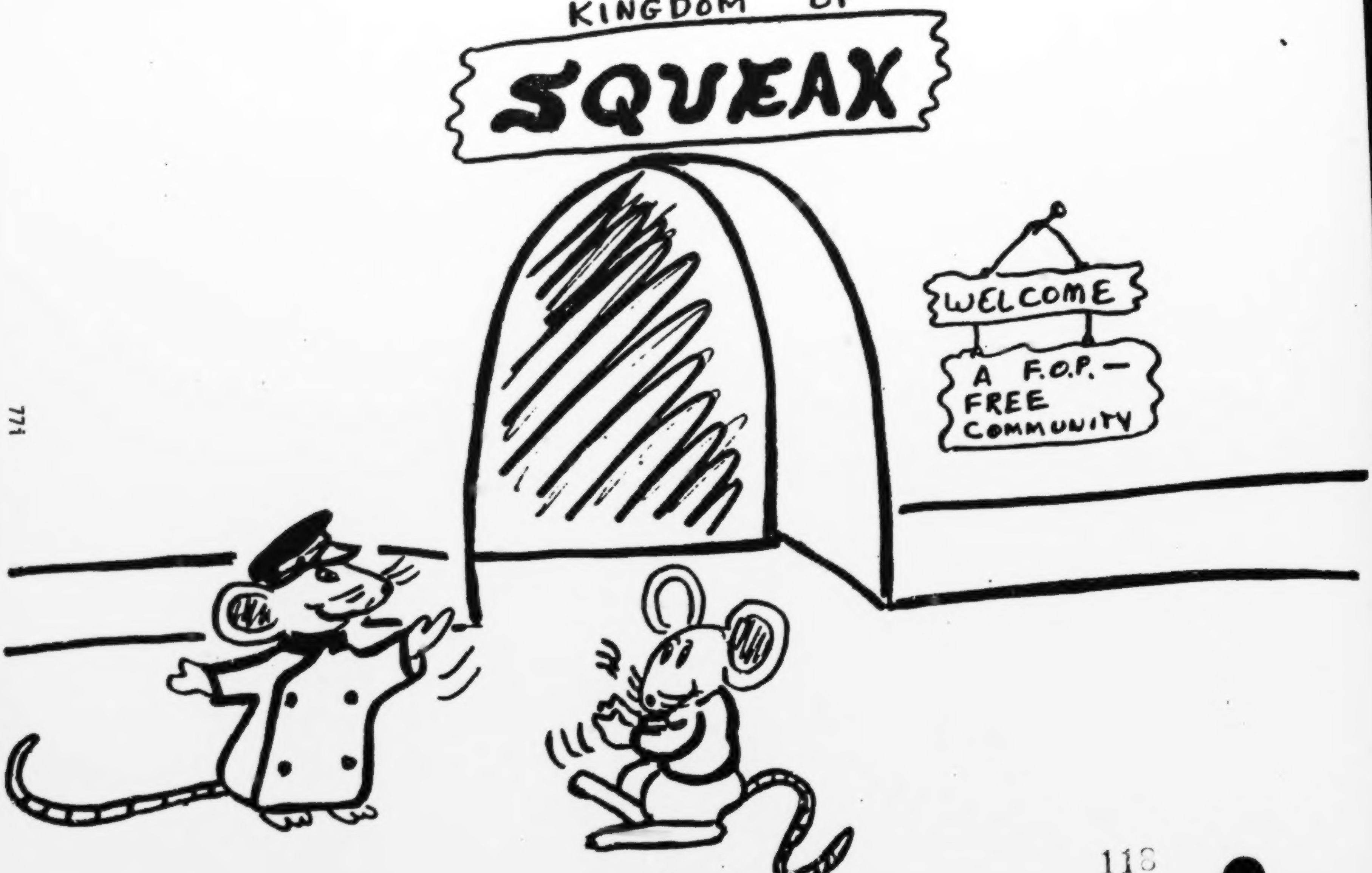
111

112


I'm stuck
F.O.P.
F.O.P.
F.O.P.
TO DOCTOR
SQUEAK SCREEN

779


S
S
CHEESE
MOUSE
SPECIALIST
Ph. D.
Blueprint
Screen


KINGDOM OF
SQUEAX
WELCOME
A F.O.P.–FREE COMMUNITY

TRANSPARENCIES FOR TRAINING
of Nontechnical Volunteers

FACTORS THAT INTERFERE WITH NORMAL GROWTH & DEVELOPMENT

Vision Problems

Hearing Problems
   Otitis media

Health Impairments
   -malnutrition
   -obesity
   -seizure disorders
   -cerebral palsy
   -allergies

Physical Disabilities

Emotional Problems

Behavior Problems

Learning Problems

Communication Problems

Autism (nonresponsive)

Environment

Medication/Drugs

JOB DESCRIPTION

NONTECHNICAL VOLUNTEER

QUALIFICATIONS

*Own transportation

*Knowledge of community and/or organization

*Good communication and interpersonal skills

*Good organizational skills

*Minimum clerical (typing, etc.) skills helpful

*Ability to convey positive and accurate information on telephone

COMMUNITY RESOURCES FOR VOLUNTEER RECRUITMENT

*Parent organizations

*R.S.V.P. and foster grandparents

*Students (secondary/college)

*Community organizations

*Church groups

RESPONSIBILITIES

*Public awareness

*Schedule preparation

*Communications with screening personnel, parents, and participating agencies (day care, schools, etc.)

*Assistance with receiving children and parents

*Preparation of name tags

*Assistance with troubleshooting on screening days

*Facilitation of screening/assistance to screeners (i.e., managing individual child needs)

*Assistance in collection of data

*Assistance in scoring & recording information

*Assistance in information flow and follow-up activities

REPORTS TO

*Person assigned to coordinate screening program

*Person in charge of host agency

*These tasks must be divided and assigned to more than one volunteer.

PRESCREENING

SCREENING

POSTSCREENING

122

PRESCREENING

Figure 31

____
Name

____
Date

_____Public Awareness

*informs public of program

*provides information to parents

_____Scheduling

*communicates with program/agency staff

*communicates with screening personnel

_____

Screening

_____Serves as receptionist

_____Prepares name tags

_____Serves as troubleshooter

_____Facilitates screening

*assists screeners

*manages individual child needs

_____Assists in collecting and recording information

_____

Postscreening

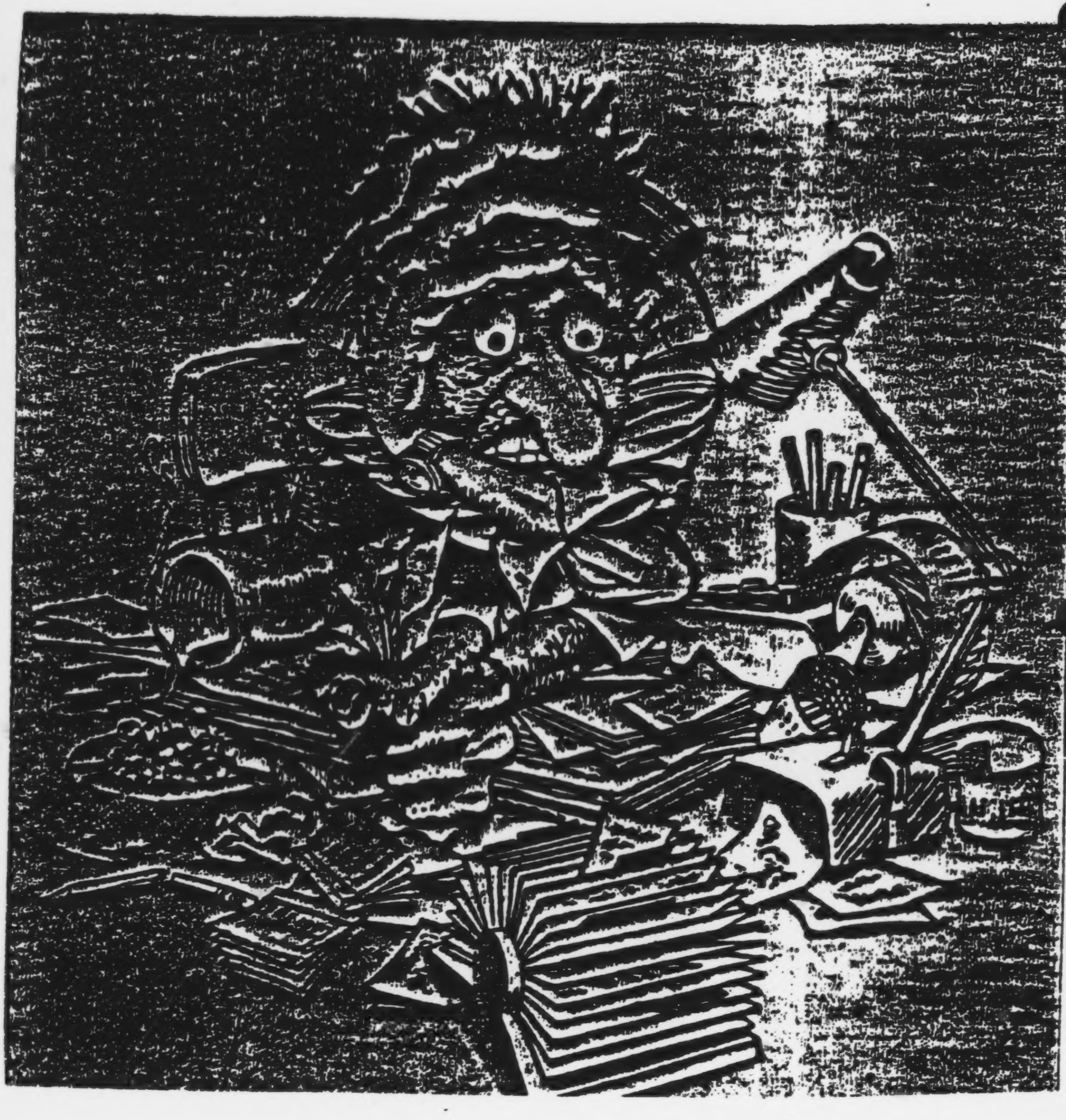
_____Assists in information flow

*offers feedback to parents

*offers feedback to program

_____Assists in follow-up communications

*sends thank-you notes to staff, volunteers, and agency personnel



SCREENING STATIONS

VISION

HEARING

PURE TONE IMPEDANCE

COMMUNICATION

DEVELOPMENT

SOCIAL-EMOTIONAL
COGNITIVE
ADAPTIVE MOTOR

TRAINING FOR DEVELOPMENTAL SCREENING USING THE BATTELLE DEVELOPMENTAL INVENTORY

Developed by

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PRESCHOOL DEVELOPMENTAL ASSESSMENT
VOLUNTEER

JOB DESCRIPTION - RESPONSIBILITIES

- Individuals will be part of a screening team which will evaluate the skills of 3-to-4-year-old children in Toledo.
- Volunteers will be required to administer a brief "Screening Test" designed to measure general skill level of individual children currently attending day care or preschool programs in Greater Toledo.
- Volunteer will be supervised by team coordinator.

BASIC QUALIFICATIONS

- ability to read (e.g., newspaper)
- ability to write
- ability to do simple math (e.g., addition)
- access to a phone
- organizational skills (map reading)
- good health (hearing, vision and stamina)
- good physical coordination
- private/public transportation
- acceptable language skills (bilingual skills may be helpful to some cases)
- ability to read charts
- previous experience with test administration preferred

INTERPERSONAL SKILLS

- Previous experience with young children (e.g., parent volunteer, recreation, child care, education, etc.)
- Ability to establish rapport with young children
- Ability to establish a calm, reassuring approach with young children
- Ability to modify language to effectively communicate with young children
- Flexibility in managing young children in a variety of settings
- Ability to communicate with other adults (e.g., professionals on screening team
- Good moral character

WORKING WITH VOLUNTEERS

EQUIPMENT/MATERIAL

- identified in Manual
- table (2' x 4')
- two chairs - 1 adult size/1 child size
- pencils
- acoring booklet (multiple)
- 4-6 manuals (test booklets)
- portafile
- materials container

TROUBLESHOOTING

BACK-UPS

2-3 trained volunteers on-site during developmental assessment.

(1) If teacher/aide/parent is needed for an interview, after the developmental assessment screen of the child, then the second screener will conduct the interview.

(2) The interview may be conducted: (a) immediately after the screen test; (b) with teacher, etc., during lunch; (c) through phone interview.

- If volunteer does not show, then they need to contact one of the following:

(1) The neighborhood back-up
(2) Second screening coordinator
(3) Supervisor

- Plan for calamity day - If no school district, no screen.

- Back-up transportation

- Volunteer will need to contact other volunteers or supervisors if transportation is needed on the day of the assessment.

WORKING WITH VOLUNTEERS

WHERE TO FIND VOLUNTEERS

- senior citizens/senior housing
- upper grad./grad. programs (e.g., special education, school psychology, educational psychology, early child guidance and counseling)
- Owens Technical Community College, Child Care Center
- Junior League
- local P.T.O.
- parents
- professional sororities
- Welcome Wagon
- Catherine Eberly Center for Women
- unemployment office
- R.S.V.P.
- churches
- T.P.S. Volunteers (Parents Plus/GIVE, etc.)
- women's bowling leagues

VOLUNTEER RECOGNITION

- coffee
- free lunch
- certificate of recognition or gift certificate
- letter from supervisor of Toledo Public School
- banquet
- free Tarta passes
- promotional certificates
- opportunity to select form of "compensation"

AGENDA

Two-Day Workshop
9-12 p.m.
Day One

I. Introduction (10 minutes)

II. Overview of screening procedure (10 minutes)
  a. monitoring process
  b. securing assistance

III. Overview of Developmental Assessment Station (30 minutes)
  a. volunteer responsibilities
  b. general child characteristics
  c. interaction strategies
  d. establishing rapport in administration

IV. Coffee Break (15 minutes)

V. Introduction to the Battelle Developmental Inventory (15 minutes)
  a. manual domains
  b. materials
  c. method of administration
  d. scoring/recording

VI. Practice Administration Scoring (1 hr. 40 minutes)

a. Structured Format
   1. demonstration
   2. videotape
   3. adult-adult practice
   4. practice with items/materials
   5. practice scoring/recording

b. Interview Format
   1. demonstration
   2. videotape
   3. adult-adult practice
   4. practice scoring/recording

c. Observation
   1. videotape
   2. role play
   3. practice scoring/recording

Day Two
9-12 p.m.

VII. Reliability Rating (3 hours)
   1. case study
   2. apply and practice skills
      (75 minutes)

TRAINING PROCEDURE (DAY ONE)

AGENDA	OBJECTIVES	ACTIVITIES/MATERIALS	PROCEDURES	EVALUATION
I. Introduction (10 minutes)	1. To introduce volunteers and trainers participating in program	1. Schedule of daily agenda	1. Distribute orientation manual	
II. Overview of screening procedures (10 minutes)	2. To be able to identify screening coordinator or supervisor	2. Reference list of names	2. Distribute orientation manual	
III. Overview of developmental assessment station (30 minutes)	1. To describe child monitoring process	Transparencies/overhead	1. Training coordinator	Participant Comments
	2. To describe how to secure technical assistance			
	1. To describe volunteer's responsibility	1. Review job description	1. Discussion	1. Volunteer accurately describe job description
	2. To describe general characteristics of young children	2. Comparative sheets on age appropriate behavior/skill	2. Discussion	- trainer observation
	3. To describe child-adult interaction strategies	3. Hand-outs	3. Role playing	- trainer observation - trainer observation

TRAINING PROCEDURE (DAY ONE)

AGENDA	OBJECTIVES	ACTIVITIES/MATERIALS	PROCEDURES	EVALUATION
III. (Continued)	4. Establish test rapport	4. Discussion role play	4. Practice	4. Trainer Evaluation
IV. Coffee Break (15 minutes)				
V. Introduction to the Battelle Kit (Screening test only) (15 minutes)	1. To familiarize volunteer with assessment domains	1. Overhead transparencies	1. Appropriately classify sample domain items	1. Trainer score volunteer responses
	2. To familiarize volunteer with manual	2. Hands-on with manual	2. Locate appropriate domain area in manual	2. Trainer observation
	3. To familiarize volunteer with materials	3. Distribute test materials	3. Organize material according to domain as requested	3. Trainer observation
	4. To describe administration of screening items	4. Model (role playing)	4. Volunteer will observe trainer	4. Volunteer comments
	5. To describe scoring procedure	5. Overhead	5. Volunteer will observe trainer	5. Volunteer comments
	6. To describe recording procedures	6. Overhead	6. Volunteer will observe trainer	6. Volunteer comments

TRAINING PROCEDURE (DAY ONE)

AGENDA	OBJECTIVES	ACTIVITIES/MATERIALS	PROCEDURES	EVALUATION
VI. Practice administration and scoring. Include time allotment.				
a. Structured Format	1. To be able to administer and record structured items in the various domains	1. Manual kit materials scoring sheets	1. Demonstration of videotape and role playing	1. Trainer rates volunteer responses (minimal performance requirement)
	2. To be able to score structured items in the various domains	2. Manual/Norms scoring sheet pencils overhead	2. Demonstration discussion	2. Trainer rates volunteer responses (minimal performance requirement)
b. Interview Format	1. To be able to administer and record interview items in the various domains	2. Same as 1a (except materials)	1. Same as 1a	1. Trainer rates volunteer responses (minimal performance requirement)
	2. To be able to score interview items in the various domains	2. Same as 2a	2. Same as 2a	2. Trainer rates volunteer responses (minimal performance requirement)

TRAINING PROCEDURE (DAY ONE)

AGENDA	OBJECTIVES	ACTIVITIES/MATERIALS	PROCEDURES	EVALUATION
VI. c. Observation Format	1. To be able to administer and record observation items in the various domains	1. Same as 1a (except materials)	1. Same as 1a	1. Trainer rates volunteer responses (minimal performance requirement)
	2. To be able to score observation items in the various domains	2. Same as 2a	2. Same as 2a	2. Trainer rates volunteer responses (minimal performance requirement)
Lunch				
		(DAY TWO - 9-12 p.m.)		
VII. Scoring Validation (180 minutes)	1. To be able to score child responses accurately across the administration formats and domains.	1. Videotape case history. Scoring sheet scoring.	1. Examples presented (multiple examples across format and domains)	1. Reliability of scores with certified specialist (minimal competency test)

Battelle Developmental Inventory

SCREENING TEST SCORING BOOKLET

Name ______________________

School/Program ______________________

Teacher ______________________

Examiner ______________________

	Yr.	Mo.	Day
Date of Testing	86	4	21
Date of Birth			
Chronological Age			

Age in Months ______ (12 × years + months; ignore all days)

SUMMARY

Component Score	Raw Score	p.112 Cutoff Score	Cutoff Level	pp. 113-115 Age Equivalent	Decision	
					Pass	Fail*
Personal-Social						
Adaptive						
Gross Motor						
Fine Motor						
Motor						
Receptive						
Expressive						
Communication						
Cognitive						
Total Score						

*Recommendations:

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DLM Teaching Resources

PERSONAL-SOCIAL DOMAIN

Basal = a score of 2 on both items at an age level
Ceiling = a score of 0 on both items at an age level

Item No.	Age (mos)	Behavior	Score	Cum Max	Comments
T 1	0–5	Shows awareness of his/her hands			
ST 2		Shows desire to be picked up or held by familiar persons		4	
ST 3	6–11	Plays peekaboo			
ST 4		Responds to his/her name		8	
ST 5	12–17	Initiates social contacts with peers in play			
ST 6		Imitates another child or children at play		12	
ST 7	18–23	Generally follows directions related to daily routine			
ST 8		Plays independently in company of peers		16	
ST 9	24–35	Knows his/her first name			
ST 10		Uses pronoun or his/her name to refer to self		20	
ST 11	36–47	Is aware of differences between male and female			
ST 12		Responds to social contact made by familiar adults		24	
ST 13	48–59	Describes his/her feelings			
ST 14		Chooses his/her own friends		28	
ST 15	60–71	Participates in competitive play activities			
ST 16		Discriminates between socially acceptable and nonacceptable behavior		32	
ST 17	72–83	Serves as leader in peer relationships			
ST 18		Asks for adult help when needed		36	
T 19	84–95	Uses adults to help in handling peer aggression directed toward self			
ST 20		Admits responsibility for errors or wrongdoing		40	

Domain Score ☐

ADAPTIVE DOMAIN

ST 21	0–5	Takes strained food from spoon and swallows it			
ST 22		Attends to ongoing sound or activity for 15 or more seconds		4	
ST 23	6–11	Holds or supports bottle to feed self			
ST 24		Feeds self bite-size pieces of food		8	
ST 25	12–17	Begins to use spoon or other utensil to feed self			
ST 26		Removes small articles of clothing without assistance		12	
ST 27	18–23	Distinguishes between food substances and nonfood substances			
ST 28		Removes simple garment such as jacket, shorts, or shirt without assistance		16	
ST 29	24–35	Expresses need to go to bathroom			
ST 30		Obtains drink from tap or other source without assistance		20	
T 31	36–47	Buttons one or two buttons without assistance			
ST 32		Sleeps through night without wetting bed		24	
ST 33	48–59	Dresses and undresses without supervision			
ST 34		Completes learning tasks having two or more steps		28	

Adaptive Domain Continued

Basal = a score of 2 on both items at an age level
Ceiling = a score of 0 on both items at an age level

Item No.	Age (mos)	Behavior	Score	Cum Max	Comments
ST 35	60-71	Goes to school or other familiar places unattended	____		
ST 36		Answers "what to do if" questions involving personal responsibility	____	32	
ST 37	72-83	Knows his/her address	____		
ST 38		Uses telephone and operator correctly	____	36	
ST 39	84-95	Handles his/her money	____		
ST 40		Performs household chores	____	40	

Domain Score ☐

MOTOR DOMAIN

Item No.	Age (mos)	Behavior	Gross	Cum Max	Fine	Cum Max	Comments
ST 41	0-5	Moves object held in hand to mouth	____	2			
ST 42		Reaches for object placed before him/her and touches it			____	2	
ST 43	6-11	Moves three or more feet by crawling	____	4			
ST 44		Picks up raisin with several fingers opposed to thumb (partial finger prehension)			____	4	
ST 45	12-17	Walks up four steps with support	____	6			
ST 46		Picks up raisin with ends of thumb and index finger in overhand approach (neat pincer grasp)			____	6	
ST 47	18-23	Walks up and down stairs without assistance, placing both feet on each step (marking time)	____	8			
ST 48		Places four rings on post in any order			____	8	
ST 49	24-35	Jumps forward with both feet together	____	10			
ST 50		Opens door by turning knob			____	10	
ST 51	36-47	Uses scissors to cut paper			____	12	
ST 52		Folds piece of paper two times, once horizontally and again at right angles (vertically)			____	14	
ST 53	48-59	Hops on one foot for 10 feet	____	12			
ST 54		Copies triangle			____	16	
ST 55	60-71	Stands on each foot alternately with eyes closed	____	14			
ST 56		Copies numerals 1 through 5			____	18	
ST 57	72-83	Walks six-foot line heel-to-toe with eyes open	____	16			
ST 58		Copies words with upper- and lower-case letters			____	20	
ST 59	84-95	Jumps rope without assistance	____	18			
ST 60		Copies two tilted triangles			____	22	

☐ Gross Motor Score ☐ Fine Motor Score ☐ Domain Score

COMMUNICATION DOMAIN

Item No.	Age (mos)	Behavior	Rec	Cum Max	Exp	Cum Max	Comments
ST 61	0-5	Turns head toward source of sound outside field of vision	____	2			
ST 62		Vocalizes sounds to express feelings			____	2	
ST 63	6-11	Associates spoken words with familiar objects or actions	____	4			

Communication Domain Continued

Basal = a score of 2 on both items at an age level
Ceiling = a score of 0 on both items at an age level

Item No.	Age (mos)	Behavior	Rec	Cum Max	Exp	Cum Max	Comments
[illegible]4		Produces one or more single-syllable consonant-vowel sounds			____	4	
ST 65	12-23	Responds to simultaneous verbal and gestural commands	____	6			
ST 66		Uses 10 or more words			____	6	
ST 67	24-35	Responds to prepositions *in, out, on, in front of, toward,* and *behind*	____	8			
ST 68		Uses pronouns *I, you,* and *me*			____	8	
ST 69	36-47	Follows two-step verbal commands	____	10			
ST 70		Uses plural forms ending with "s" or "z" sound			____	10	
ST 71	48-59	Understands regular plural forms	____	12			
ST 72		Uses five- or six-word sentences			____	12	
ST 73	60-71	Understands future tense of verb *to be*	____	14			
ST 74		Uses regular comparative forms			____	14	
ST 75	72-83	Distinguishes between active and passive voices	____	16			
ST 76		Talks about things that might be			____	16	
ST 77	84-95	Understands concepts *bright, hard,* and *sweet* when used to describe people	____	18			
ST 78		Uses passive voice			____	18	

Rec Score ☐

Exp Score ☐

Domain Score ☐

COGNITIVE DOMAIN

Item No.	Age (mos)	Behavior	Score	Cum Max	Comments
ST 79	0-5	Follows visual stimulus	____		
ST 80		Feels and explores objects	____	4	
ST 81	6-11	Uncovers hidden toy	____		
ST 82		Searches for removed object	____	8	
ST 83	12-23	Reaches around barrier to obtain toy	____		
ST 84		Recognizes self as cause of events or happenings	____	12	
ST 85	24-35	Matches circle, square, and triangle	____		
ST 86		Repeats two-digit sequences	____	16	
ST 87	36-47	Identifies big and small shapes	____		
ST 88		Identifies simple objects by touch	____	20	
ST 89	48-59	Answers simple logic questions	____		
ST 90		Completes opposite analogies	____	24	
ST 91	60-71	Identifies colors of familiar objects not in view	____		
ST 92		Identifies first and last objects in a row	____	28	
ST 93	72-83	Recalls facts from story presented orally	____		
[illegible] 94		Solves simple addition and subtraction problems involving numbers through 5	____	32	
ST 95	84-95	Solves simple word problems involving subtraction	____		
ST 96		Solves simple problems involving multiplication	____	36	144

Domain Score ☐ 95c

F5121

ASSESSMENT OF KNOWLEDGE AND SKILL

1. Volunteer given paragraph which describes a sample item from Battelle Developmental Inventory. Volunteer asked to

    1. Describe administration.
    2. Explain how to describe activity to a young child.

2. Volunteer given simple table graph and asked to respond to questions in writing.

TRAINING FOR VOLUNTEERS FOR VISION AND MEDICAL/HEALTH SCREENING

Developed by

Darlene Baney
Bureau of Crippled Children's
Services
and
Pam Croson and Patti Bennett
Sight Center
Toledo, Ohio

Vision Acuity Trainers - Volunteers - Level 1

Objective 1: Volunteers will be capable of performing a visual acuity screening, using available testing materials.

AGENDA	OBJECTIVES	ACTIVITIES/MATERIALS	PROCEDURES	EVALUATION
1. Introduce importance of early intervention in vision disorders. (15 minutes)	1. Volunteer will understand importance of early screening and of vision in learning process.	Booklet: "Your Child's Eyesight"	Give out booklets calling attention to and discussing pages 6 and 7. Discuss incidental learning - we learn through vision - e.g., how to operate machinery like television, microwave, etc.	
2. Present testing material. (15 minutes)	2. Volunteer will become familiar with testing material.	Testing charts-Instaline Model 900 Goodlite Chart with Goodlite Model MA Occlude, pointer masking tape, flashlight, prism, form.	Introduce testing equipment. Discuss items, line numbers, meaning. How to test: Measure 10 ft. from chart at eye level; mark with tape. Light on chart. Have child identify objects or letters. Have child put toes behind tape line. Occlude (cover left eye). Always test right eye first. Start at top of chart, having child correctly read one letter or object on each line. If you get a correct response, go down to line 20/50 and go across line.	

Vision Acuity Testing - Level 1 Volunteer

Objective 1: (Cont.)

AGENDA	OBJECTIVES	ACTIVITIES/MATERIALS	PROCEDURES	EVALUATION
Perform testing on other volunteers. (cont.)			(cont.) In order for a child's results to be listed as correct, he or she must be able to identify over half the objects on the line correctly.	
			D. For incorrect response, continue across until child can identify object correctly.	Successful completion of vision screening.
		See page one for testing activities/ materials.	E. Repeat with right eye covered.	
			F. On form, write visual acuity.	
			G. Child goes on to muscle imbalance and other screening.	
			Form sent to professional screener.	

Vision Acuity - Level 1

Objective 2: Volunteers will perform follow-up activities.

AGENDA	OBJECTIVES	ACTIVITIES/MATERIALS	PROCEDURES	EVALUATION
1. Introduce flowchart and follow-up materials.	Volunteer will understand follow-up procedure.	Flowchart Follow-up cards A. Doctor B. Parent	Go over flowchart. Identify volunteer's role as contact and referral source. Show volunteers follow-up cards. Explain procedure.	

Objective: Determine those children who are nutritionally at risk and prevent learning and physical disabilities.

AGENDA	OBJECTIVES	ACTIVITIES/MATERIALS	PROCEDURES	EVALUATION
Instruct volunteers in weight and height measurement.	1. Volunteers will take accurate height and weight measurements.	1. Scales 2. Yardstick 3. Tape 4. Growth charts 5. Pen/Pencil 6. Ruler 7. Focal point 8. Ruler 9. Article from Public Health Currents Vol. 21, No. 2. 1981	Prepare room: A. Tape yardstick to wall where it is flush to wall and floor. B. Place yardstick so 1 is on the bottom. C. Place focal point across from yardstick at child's eye level. Follow these procedures: A. Greet child by name. B. Have child remove shoes. (Keep socks on.) C. Have child stand on scales. D. Mark down weight on top of form. Date form. Graph weight according to age. E. Have child walk to yardstick. F. Place child's buttocks and shoulders directly against yardstick. G. Have child look at focal point across room at eye level.	
Instruct volunteers to graph height and weight accurately.	2. Volunteers will graph accurately.			
Instruct volunteers to interpret chart.				

FOR VISION/HEALTH/HEIGHT and WEIGHT

Where to Find Volunteers

1. Local health department
2. Local nurses associations
3. Agencies for the blind
4. Ohio Society for Prevention of Blindness
5. Local social service clubs, e.g.,
   Lions, Kiwanis, Child Conservation League, Junior League, PTA/O's, senior citizens, church groups
6. Universities with allied health professional programs

Minimum Competencies

1. Transportation to get to site
2. Good vision
3. Positive attitudes toward impairments
4. Positive attitudes toward cultural and racial differences
5. Basic work skills, e.g.,
   a. Promptness
   b. Cleanliness
   c. Ability to take and follow directions
   d. Courtesy
   e. Dependablility - call if can't come
6. Ability to read
7. Ability to record accurately

Optimal Competencies

1. Possess all basic work skills
2. Implement test materials, screening
3. Record results
4. Interpret results from test screening
5. Know community resources for referral & funding
6. Recommend appropriate referral based on screening
7. Possess supervisory skills

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AGENDA	OBJECTIVES	ACTIVITIES/MATERIALS	PROCEDURES	EVALUATION
			H. Place ruler on top of child's head horizontal to floor. I. Mark height in number of inches, where ruler intersects the yardstick. J. Mark height on top of form. K. Graph height and weight on chart. L. Refer any child above 95 percent or below 5 percent to be remeasured to rule out marking error.	
			M. After conference between parent and volunteer, follow up with referrals to appropriate health resource. 1. WIC program 2. Child health clinic 3. Private M.D. 4. Local public health dept. for financial and health providers. N. If parents are non-compliant and the child's health and well-being are in jeopardy, refer to CSB.	1. Correction of health problem 2. Child when remeasured is within normal range for age.

Objective: Determine those children at risk for health problems that may interfere with learning.

AGENDA	OBJECTIVES	ACTIVITIES/MATERIALS	PROCEDURES	EVALUATION
Instruct volunteers to interpret parent questionnaire responses.	1. Volunteers will correctly identify health needs that need investigation from questionnaire.	1. Parent Questionnaire	1. Review form from parents.	1. Child will have immunizations per recommended schedule for age. (See attached schedule.)
Instruct volunteers in use of supplemental materials.	2. Volunteers will use supplemental materials to elicit health concerns/problems.	2. Supplemental materials a. Copy of "outline when no form is used" b. Copy "Sample Review of Systems," American Journal of Nursing, February, 1974. Vol. 74, No. 2. c. Copy of Immunization record - Ohio Department of Health 3816.11 with schedule. c. Copy of Child Health record/DDH 3022.13.	2. If any No answers in immunization section, follow-up needed to determine why.	2. Child will receive appropriate medical intervention to treat current medical concerns
Instruct volunteers to make appropriate referrals for health evaluations from information from parents.	3. Volunteers will determine appropriate medical referral from parent information.		3. If any Yes answers in Section 2, more facts need to be elicited, such as if treatment concerns additional problems. 4. Refer to appropriate medical resource.	3. Child will receive appropriate medical intervention to prevent disabilities.

HEALTH QUESTIONNAIRE FOR PARENTS

Name of Child____

Birthdate of Child______________________

What was the last grade you completed __________________

PLEASE CHECK YES OR NO AS BEST EXPLAINS YOUR CHILD'S HEALTH:

1. IMMUNIZATIONS (SHOTS)	YES	NO
Does your child have the following:		
3 D.P.T. (shot) immunizations	___	___
3 Polio (shot) immunizations	___	___
1 measle, mumps, rubella immunization	___	___
1 Tuberculosis test		

2. HEALTH QUESTIONS	YES	NO
Has your child had the following:		
1. Drainage (running) from ears	___	___
2. Repeated ear infections	___	___
3. Drainage (running) from eyes	___	___
4. Crusty eyelids	___	___
5. Eyes that cross	___	___
6. Dry, scaly skin	___	___
7. Bruises for no apparent reason	___	___
8. Multiple birthmarks	___	___
9. Toothaches	___	___
10. Repeated nosebleeds	___	___
11. Bleeding gums	___	___
12. Lips and nails turn blue	___	___
13. Shortness in breath	___	___
14. Snoring at night	___	___
15. Coughing (with no cold)	___	___
16. Wheezing	___	___
17. A need to stop and rest when playing more often than other children.	___	___
18. "Burning" when urinating	___	___
19. Swelling in groin (lump)	___	___
20. Stomach pains (frequent)	___	___

HEALTH QUESTIONS (cont.)	YES	NO
21. Repeated (constant) diarrhea	___	___
22. Funny-smelling urine	___	___
23. Urine that looks "different"	___	___
24. Constant constipation (hard B.M.'s)	___	___
25. Worms	___	___
26. Impetigo	___	___
27. Strep Throat	___	___

28. Has your child ever been in the hospital? What for? ____________________

____

____

29. Has your child had any operations (surgery)? What for? ____________________

____

____

Has your child had the following:	YES	NO
30. Mumps	___	___
31. Any allergies	___	___
32. Foot or leg problems that required corrective shoes or braces	___	___
33. Convulsions	___	___

3. YOUR CHILD'S HEALTH NOW

	YES	NO
1. Is your child on any medication?	___	___

What for? ____

____

2. What did your child eat and drink yesterday? (Give amounts, too.)

BREAKFAST	LUNCH	DINNER

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YOUR CHILD'S HEALTH NOW (cont.)

3. Date of last dental check-up. ______________________________

4. Date of last physical examination when child was not sick.

____

5. Is there anything you are concerned about regarding your child's health?

Explain ____

____

____

____

____

(Parent's Signature)

____

(Date)

PUBLIC HEALTH CURRENTS

Ross Laboratories
Division of Abbott Laboratories, USA
Columbus, Ohio 43216

TRAINING AIDS FOR ASSESSING PHYSICAL GROWTH OF INFANTS AND CHILDREN

How Does Your Clinic Rate?

How would you answer the following questions?

1. Within your geographical area, is there adequate physical growth assessment training available to doctors, nurses, nutritionists, and other clinic personnel?
2. Did the purchase of adequate equipment to make recumbent length, standing height, and weight measurements receive sufficient priority in your unit?
3. Did the formal training of your unit's clinic personnel include instruction in plotting and interpreting growth measurements?
4. Are clinic personnel in your unit aware that the vast majority of children (in particular, those from birth to 10 years of age) who have a normal growth pattern also will be normal for other health indicators?
5. Do your clinic personnel understand that relatively small errors in measuring, recording, or plotting of an infant's length or weight can seriously impair results?
6. Do clinic personnel in your unit realize that an error of 1 inch in the length measurement of a 6-month-old infant can change the infant's percentile ranking from the 5th to the 25th, or vice versa? Or that rounding off 4 1/2 months to 5 months could take an infant from the 10th to below the 5th percentile?
7. Did you know that two people are needed to make recumbent length measurements? Or that height rods on beam balance scales are no longer to be used?

PUBLIC HEALTH CURRENTS (cont.)

8. If you were to ask your clinic personnel for their interpretation, recommended intervention and/or follow-up procedures, or suggested schedule for further measurements for a child at a given point on a growth chart, would you get standard answers?
9. Do you use updated aids to reinforce physical growth assessment training classes for students, new employees, and existing clinic staff?

An Essential Starting Point

The emphasis cannot be too strong: adequate physical growth assessment requires adequate equipment for measuring recumbent length, standing height, and body weight. When this adequate equipment is available, training clinic personnel in the proper techniques and interpretation can proceed smoothly.

Historical Perspective

The Tennessee Department of Public Health (TDPH) was one of the first five state departments to initiate a nutritional surveillance program in 1974. When data were retrieved from the Tennessee clinics on a regular basis, significant problems with the equipment, the techniques being used, or both were revealed. Public health clinics in most states participating in the nutrition surveillance of public clinics find approximately 10 percent to 12 percent of the children are below the 5th percentile for height-for-age, an indication of possible stunting, and that 10 percent to 12 percent are above the 95th percentile for weight-for-height, indicating possible obesity.

In contrast, some clinics in Tennessee in 1974-75 reported stunting and/or obesity in over 30 percent of the children screened. Currently, in Tennessee, it can be assumed that either equipment, technique, or both are a problem if 14 percent or more of the children screened are shown to be at risk for either of these problems.

Shortly after the National Center for Health Statistics growth charts became available in 1976, the TDPH established a policy requiring growth measurements to be plotted for infants and children participating in the Special Supplemental Food Program for Women, Infants, and Children (WIC) or in the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program. The development of training materials was assigned top priority.

The process of summarizing available scientific data and gathering the best judgments of experts was begun. Our goal was to produce both a script for an audiovisual presentation and written growth chart guidelines that could be used to teach students, new employees, and staff. Particular emphasis was given to making the materials relevant to staffing and facility limitations in the majority of TDPH clinics. It was our intent to design the materials so that they also would be useful for clinics other than those in the TDPH and would be available at a reasonable price.

Audiovisual Presentation

A program, The Road to Life, was produced both as a 30-minute videotape and as a 35mm slide/cassette show. The major areas addressed in this presentation include the following:

*Objectives of the presentation
*Origin of the current growth charts
*Explanation of percentiles
*Importance of accuracy
*Procedures for making infant's length, weight, and head circumference measurements
*Procedures for making height and weight measurements of children aged 24 months or older
*Rules for accuracy and quality control
*Selection of the appropriate growth chart
*How to plot growth measurements
*Patterns of growth commonly seen

Accompanying the audiovisual presentation is a 6-page pamphlet, Growth Chart Guidelines. The following section contains excerpts from this publication.

PUBLIC HEALTH CURRENTS (cont.)

Growth Chart Guidelines

The need for accuracy is foremost when obtaining measurements and plotting growth measurements. Measurements are only as useful as they are accurate. Accurate measurements recorded and plotted correctly are an essential first step in a child's health assessment.

Unfortunately, referred patients often do not complete referrals. Frequently, this failure to comply is due to limited availability or to the high cost of medical care. We generally recommend intervention and follow-up at the public health clinic for at least 3 months before referral for consultation or care outside the clinic. Immediate referral is appropriate if the child exhibits acute symptoms of disease (fever, malaise, etc.) or has a hematocrit level of 27 or less.

All measurements, the child's age, and the equipment should be rechecked before any intervention takes place. Ideally, a "normal pattern of growth" should be determined for each child based on a series of measurements made when the child is considered to be free from disease and is believed to be receiving an adequate diet. Any outlying measurement may be normal for a particular individual. However, the more extreme or outlying a measurement is, the greater the likelihood that it is not normal. It is the clinic's responsibility to establish whether measurements are normal for the individual, and to recommend follow-up by a physician if findings are considered abnormal. Continued weight, length, and height measurements and testing by a physician, coupled with family history information, may be necessary to determine what is normal for a particular individual.

For a child found to be consistently below the 5th percentile for weight or height or both; but who appears to be gaining in height and weight at an unacceptable rate, the physician would consider birth weight, parental size, and possible genetic abnormalities. Depending on the outcome of the review, the physician may do nothing further. If further clinical screening seems warranted, the physician would check the gastrointestinal, cardiovascular, renal, and endocrine systems, based on the relative frequency of problems that may occur in various organ systems.

The following are guidelines for expected weight gain for infants: 1st month, 4-10 ounces per week; 1-6 months, 3 to 4 ounces per week; 7-12 months, 2 to 3 ounces per week. Any child experiencing erratic changes in growth and/or inadequate growth progression deserves special attention. Once the accuracy of the measurements has been established, a child with any of the following growth patterns should be given close attention by the public health nurse and/or referred to a physician.

*Between birth and 12 months: No increase in length, weight, or head circumference between monthly checks, decrease in weight, increase in weight or length of more than 25 percentiles between 6-month examinations (requires follow-up until resumption of a normal growth pattern).

*Between 1 and 3 years of age: Any increase in weight or height greater than 25 percentiles occurring between 6-month examinations. Failure to gain any weight during a 6-month period. Any 3-month period in which there is no increase in weight.

GROWTH CHART GUIDELINES - WEIGHT FOR HEIGHT

Weight for Height (Percentiles)	Time of Next Interpretation	Recommended Intervention and/or Follow-Up	Measurement
1. 10th-90th	1. Normal	1. Continue to examine at regular intervals, as given in the Child Health Standards.	1. Next nursing visit (as given in Child Health Standards) or next WIC or CSF certification, whichever is first.
2. 5th-10th 90th-95th	2. Moderate risk depending on nearness to 5th or 95th percentile.	2. Close attention by a public health nurse until a normal/ consistent pattern of growth is established.	2. As given in Child Health Standards or in 3 months, whichever is less.
3. Above 95th	3a. Obesity-depending on body build (musculoskeletal development). When in doubt, measurement of triceps skinfold thickness can be used to distinguish between obesity and extreme muscular development. b. Extreme muscular development.	3a. Remeasure and verify age. Referral to the nutritionist with continual diet and activity counseling b. No action necessary.	3a. Consistent with weight control program and/or as often as possible until desirable weight is achieved and maintained. b. Same as 1 above.

(cont.)

GROWTH CHART GUIDELINES - WEIGHT FOR HEIGHT (cont.)

Weight for Height (Percentiles)	Time of Next Interpretation	Recommended Intervention and/or Follow-Up	Measurement
4. Below 5th	4. The child may: a. Be undernourished. b. Have a disease resulting in a significant weight loss and/or failure to gain weight. c. Exhibit a pattern of growth (leanness) that is normal for him or her.	4. a-c. Remeasure and verify age. Immediate referral to the nutritionist if the child is malnourished. Close follow-up is needed if the child is malnourished and/or extremely underweight, with close periodic examinations until a normal/consistent pattern of growth is established.	4. a-c. In 1 month.

*Consult current WIC and Commodity Supplemental Food (CSF) Program eligibility guidelines.

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1. Fomon SJ: Nutritional Disorders of Children- Prevention, Screening, and Follow-up. Bureau of Community Health Services, DHEW Publication No. (HSA) 76-5612. Washington, DC, US Government Printing Office, 1976.
2. Hamill PVV, DRIZD TA, Johnson CL, Reed RB, Roche AF: NCHS Growth Charts, 1976, Vital and Health Statistics-Series 11-Number 165, DHEW, Maryland, November 1977.
3. Hamill PVV, Drizd TA, Johnson CL, Reed RB, Roche AF: NCHS Growth Charts, 1976. Monthly Vital Statistics Report 25, No. 3 (Suppl), June 22, 1976(b).
4. Hamill PVV, Drizd TA, Johnson CL, Reed RB, Roche AF, Moore WM: Physical Growth: National Center for Health Statistics Percentiles, Am J Clin Nutr 32:607-629, 1979.

Grateful appreciation is extended to the following persons for their opinions and input in the development of the script for the audiovisual presentation and the guidelines: Stanley M. Garn, Ph.D, University of Michigan; J. Michael Lane, MD, Centers for Disease Control; William R. Long, MD, Tennessee; Alvin M. Mauer, MD, St. Jude Children's Research Hospital; David C. Miller, MD, Centers for Disease Control; Donna O'Hare, MD, New York University; George M. Owen, MD, University of Michigan; Nathan J. Smith, MD, University of Washington; and the staff of the Tennessee Department of Public Health.

The audiovisual presentation is available from the University of Tennessee, Center for Government Training, Attn: Tommy Himes or Gale Fentress, Box 24180, Nashville, TN 37202

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PUBLIC HEALTH CURRENTS (cont.)

*Between 4 and 12 years of age: Any increase in weight or height greater than 25 percentiles occurring between yearly examinations (requires follow-up at 2-to-3 month invervals until resumption of a normal growth pattern). Failure to gain any weight during a 6-month period. Any 3-month period in which there is no increase in weight.

Alternatives for Use of Training Materials

The minimum time required for a training session is 50 to 60 minutes. This period of time permits the 30-minute audiovisual presentation to be shown, the guidelines to be introduced, the techniques quickly demonstrated, and a few questions asked. A full day can be devoted to the topics covered, especially if the group actually makes measurements.

After conducting over 20 of these sessions with registered nurses, nutritionists, licensed practical nurses, and nurse's aides, in groups that have ranged in size from 15 to 80, we have found that a 3 1/2 hour block of time works very well.

The following is a breakdown of suggested areas to cover, with approximate times:

15 minutes	Overview of workshop and introduction
15 minutes	Pretest; a 20-question, multiple-choice test
30 minutes	Videotape or 35mm slide/cassette program, The Road to Life
30 minutes	Questions about the videotape and demonstration of measuring techniques
15 minutes	Break
10 minutes	Introduction to the "Growth Chart Guidelines"
65 minutes	Plotting specific examples
15 minutes	Posttest
10 minutes	Review of posttest and evaluation of session

SUMMARY

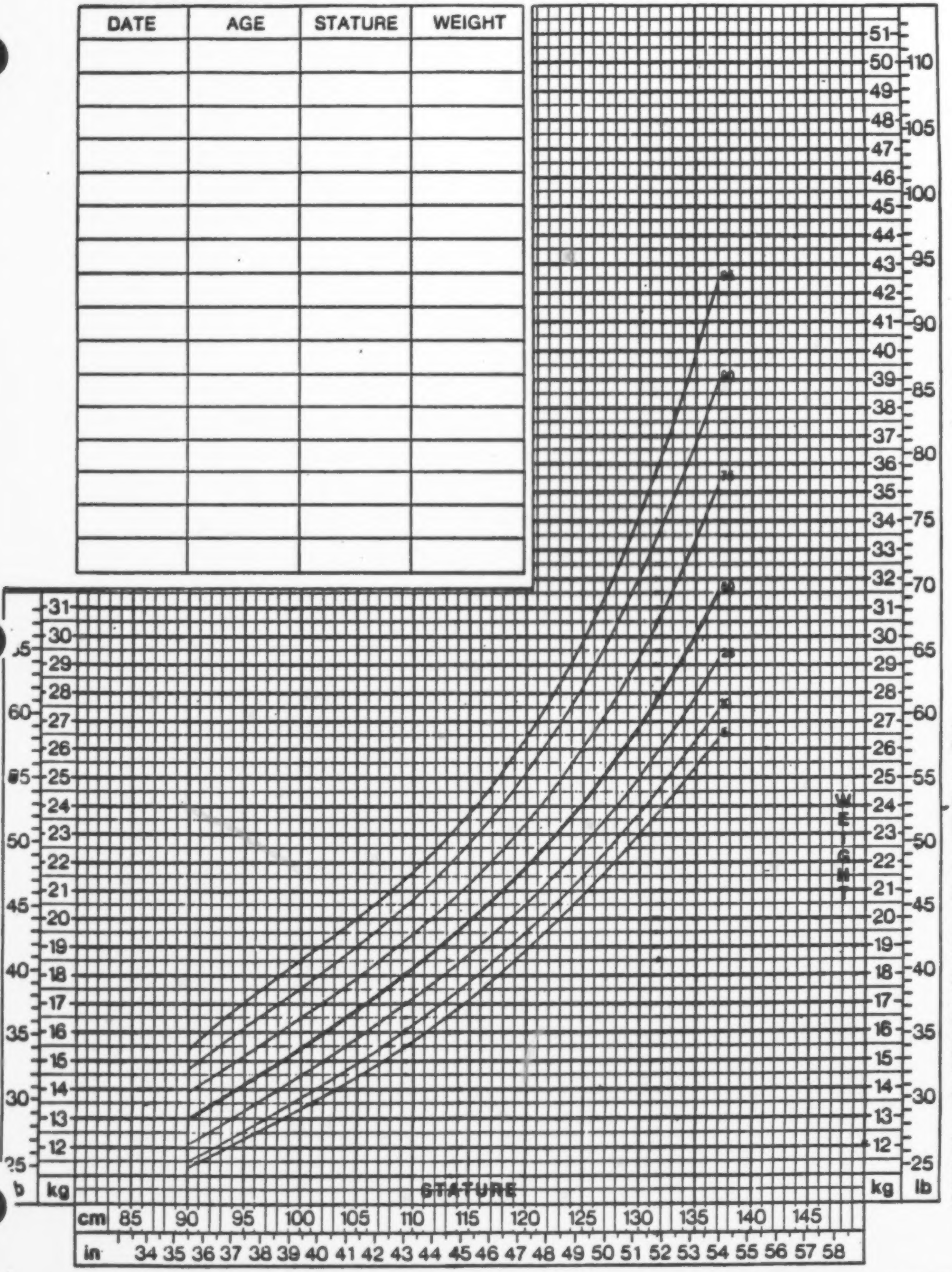
Based on our experience and the evaluation received from the participants, the folowing items are noteworthy:

- * Over 70 percent of the participants rate the overall session as very useful. Registered nurses and nutritionists should be trained separately from licensed practical nurses and nurse's aides, because of differing clinic responsibilities (e.g., interpreting results vs. measuring and plotting skills).
- * Room arrangements should be such that participant can be easily reached if assistance in plotting is needed.
- * The number of participants should not exceed 40. Experience from workshops, discussions with administrators, experience with monitoring clinic records, and surveillance data all indicate a strong need for this type of training for students, new employees, and existing staff. Participants respond well to the challenge of using proper equipment and techniques.

GIRLS: PREPUBESCENT PHYSICAL GROWTH NCHS PERCENTILES*

NAME ______________________ RECORD # 1061

DATE	AGE	STATURE	WEIGHT



*Adapted from: Hamill PVV, Drizd TA, Johnson CL, Reed RB, Roche AF, Moore WM: Physical growth: National Center for Health Statistics percentiles. AM J CLIN NUTR 32:607-629, 1979. Data from the National Center for Health Statistics (NCHS) Hyattsville, Maryland

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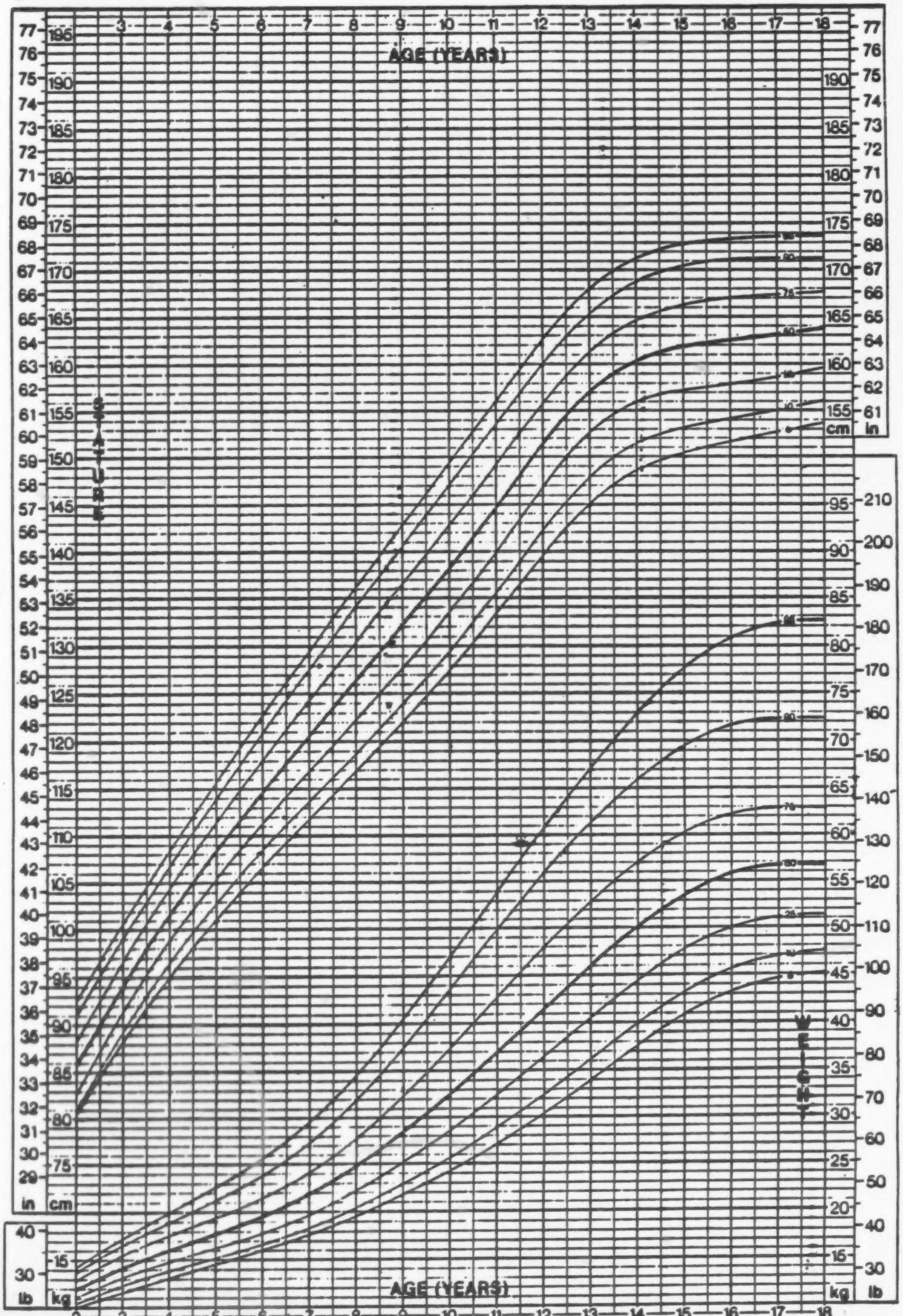
G108/January 1980

GIRLS: 2 TO 18 YEARS
PHYSICAL GROWTH
NCHS PERCENTILES*

NAME ____________________ RECORD # 106j



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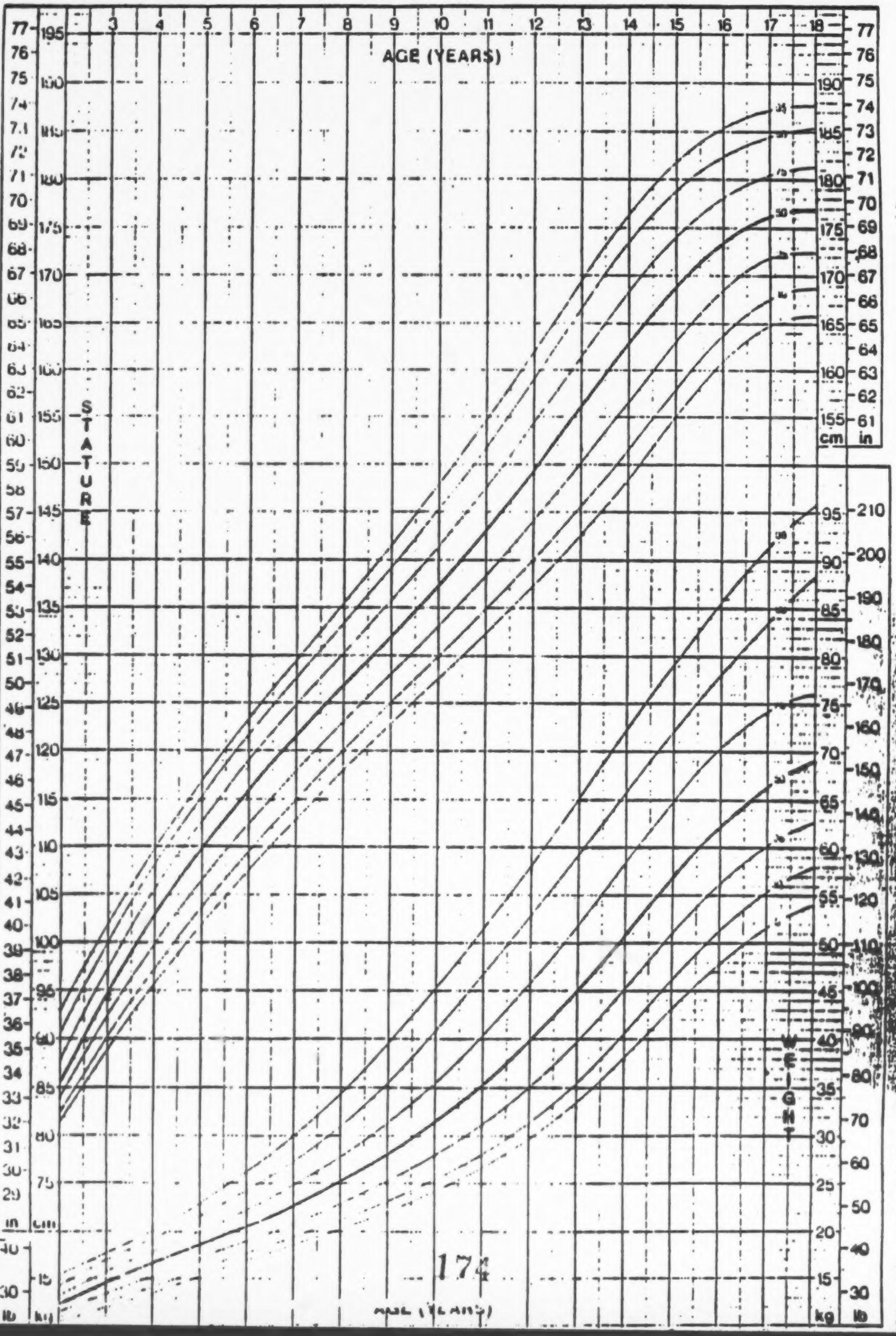
*Adapted from: Hamill PVV, Drizd TA, Johnson CL, Reed RB, Roche AF, Moore WM: Physical growth: National Center for Health Statistics percentiles. AM J CLIN NUTR 32:607-629 1979. Data from the National Center for Health Statistics (NCHS), Hyattsville, Maryland.

BOYS: 2 TO 18 YEARS
PHYSICAL GROWTH
NCHS PERCENTILES*

NAME ______________________ RECORD # 106k



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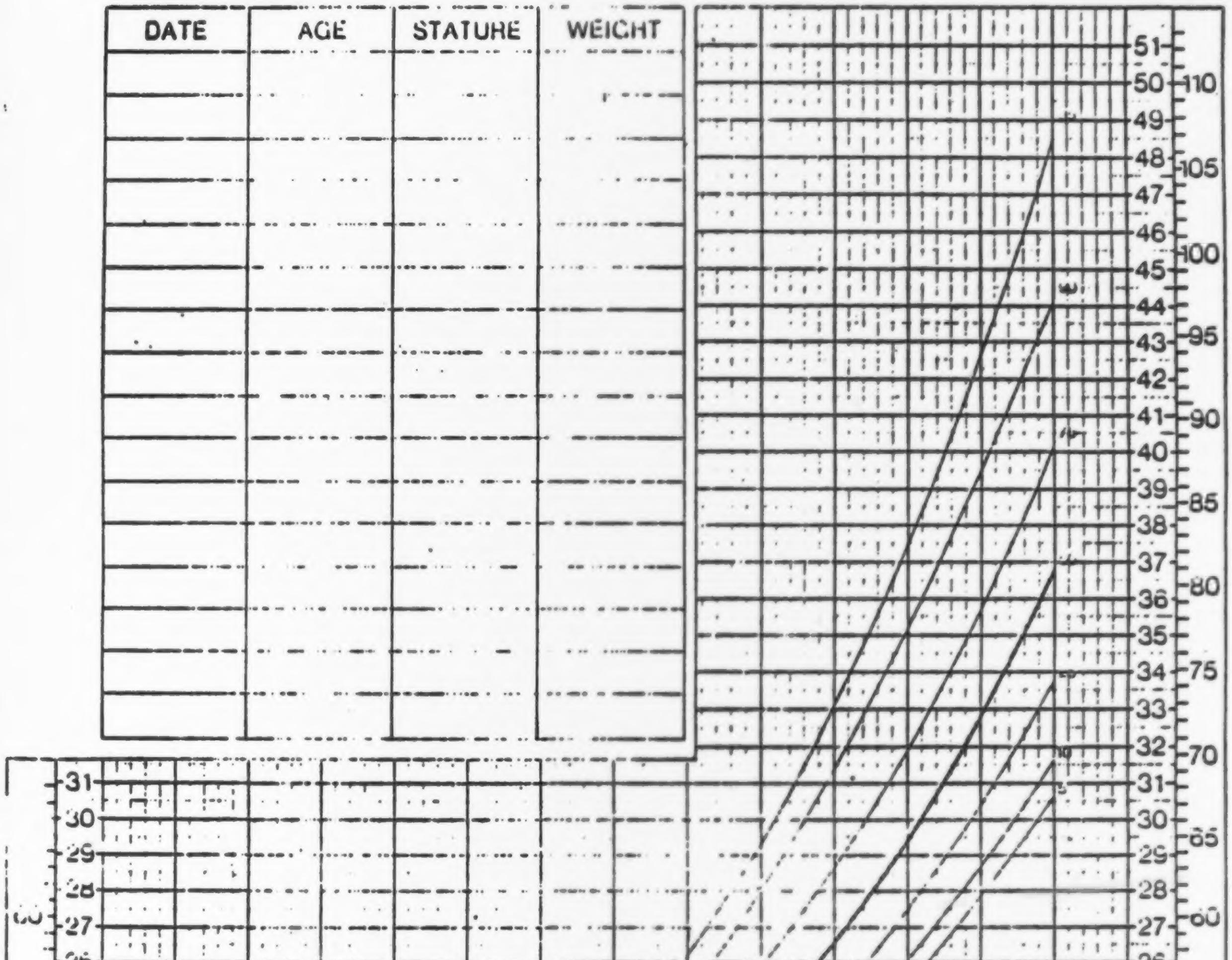
*Adapted from: Hamill PVV, Drizd TA, [illegible] WM: Physical growth: National Center for Health Statistics percentiles. AM J CLIN NUTR 32:607-[illegible], 1979. Data from the National Center for Health [illegible]

BOYS: PREPUBESCENT
PHYSICAL GROWTH
NCHS PERCENTILES*

NAME ________________ RECORD # 1061

DATE	AGE	STATURE	WEIGHT



*Adapted from: Hamill PVV, Drizd TA, Johnson CL, Reed RB, Roche AF, Moore [illegible]

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[illegible]

TRAINING FOR HEARING AND SPEECH SCREENING

Developed by

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and
Penny Mueller
Early Childhood Program
Toledo Public Schools

VOLUNTEER MINIMUM COMPETENCIES FOR HEARING SCREENING

1. Normal or corrected to normal hearing and vision.
2. Ability to read and check forms.
3. Comfortable with equipment.
4. Normal mechanical dexterity of hands and arms.
5. Effective interpersonal and communicative skills with children.
6. Comfortable touching and physically manipulating children.
7. Understanding and accepting of young children's behavior (not easily frustrated).
8. Ability to apply instruction systematically with screening instruments.

JOB DESCRIPTION: VOLUNTEER OTOSCOPIC EXAMINER

1. Set up station and check otoscope to make sure it is working properly (lights on and probe tip attachment in place).
2. Sterilize and clean probe tips before each examination.
3. Use otoscope safely.
4. Examine ear canals and drums by observing through otoscope.
5. Record observation on hearing screening form.
6. Contact supervisor if special problems.

JOB DESCRIPTION: VOLUNTEER ACOUSTIC IMMITTANCE SCREENER

1. Set up test station and check acoustic immittance screener.
2. Have hearing screening form and probe tips available.
3. Sterilize and clean probe tips before each examination.
4. Verify that otoscopic results allow implementation of screening procedure.
5. Verify presence of proper seal of ear canal.
6. Record results on hearing screening form.
7. Understand criteria for recheck requirements.
8. Understand and implement retest procedure when applicable.
9. Contact supervisor if special problems arise.

JOB DESCRIPTION: VOLUNTEER PURE TONE HEARING SCREENER

1. Set up station and check audiometer.
2. Have hearing screening form and audiometry materials available.
3. Understand and implement Pure Tone screening procedure.
4. Learn and use proper test instructions with children.
5. Record results on hearing screening form.
6. Implement retest procedure when applicable.
7. Contact supervisor if special problems arise.

HEARING SCREENING PROGRAM

AGENDA	OBJECTIVES	ACTIVITIES/MATERIALS	PROCEDURES	EVALUATION
Pure Tone Hearing Screening (2 minutes)	To identify any hearing loss sufficient to impair communication and/or educational development	Sound Level Meter Type A with octave band filters	Certified audiologist reads ambient noise level. (Not to exceed 41.5 dB SPL @ 500 Hz 49.5 dB SPL @ 1000 Hz 54.5 dB SPL @ 2000 Hz 62.0 dB SPL @ 4000 Hz)	One frequency failure in one ear requires recheck (take off ear phones, reinstruct child, and present tone again). If fail, then refer for complete audiological assessment. Failure is constituted when blockage (complete/partial) of ear canal occurs. If partially blocked, determination must be made as to potential artifact and whether proper seal can be obtained without completing blockage. Estimate of ability to eliminate blockage should be made to supervisor. If condition is not complicated by insertion of ear probe, acoustic immittance (middle ear analysis) testing can proceed.
		Pure Tone portable audiometer calibrated within the past 6 months, equipped with aural domes	Screen 500, 1000, 2000, and 4000 Hz bilaterally with air conduction at 20 dB Hl ANSI 1969.	
		Screening Form	If recommended ambient noise levels not met, screen 1000, 2000, and 4000 Hz at 25 dB.	
Otoscopic Exam (1 minute)	To verify that external ear canal is free of blockage To verify that tympanic membrane is intact and healthy	Otoscope	Inspect each ear canal.	

HEARING SCREENING PROGRAM

AGENDA	OBJECTIVES	ACTIVITIES/MATERIALS	PROCEDURES	EVALUATION
				If partial or complete blockage is not resolved satisfactorily, acoustic immittance testing must not be done and client must be referred to an ENT for treatment. If tympanic membrane is inflamed (red) or perforated, acoustic immittance testing must not be done. Client must be referred to an ENT for treatment.
Acoustic Immittance Screening (middle ear analysis)	To assess middle ear functions	Acoustic impedance bridge or screener or otoadmitance bridge	Obtain a seal of ear probe in ear canal and record results.	Failure criteria will automatically be reported by the instrument. Retest should be done by removing probe from ear canal and inspecting tip for foreign substance, then reinsert probe and record results. If failure occurs again, then referral to an audiologist for a complete assessment.
TRAINING Basic Ear Anatomy	To understand the shape of the ear canal and normal coloration of canal and ear drum	Diagram of canal and ear drum and written description of canal and ear drum	Discuss diagram and relevance to screening.	
Otoscopic Training	To demonstrate use of otoscope and identification of normal vs. abnormal conditions	Otoscope and tips	Demonstrate proper use of otoscope and technique for aligning ear canal for optimum observation of structure.	Oral Quiz. Each volunteer will demonstrate technique of proper otoscope exam on two subjects.

HEARING SCREENING PROGRAM

AGENDA	OBJECTIVES	ACTIVITIES/MATERIALS	PROCEDURES	EVALUATION
Otoscopic Training (continued)	To demonstrate proper cleaning and sterilization procedure	Sterilization and cleaning materials (cotton and alcohol)	Leader demonstrates procedure for sterilization of otoscopic probe tips.	Each volunteer will sterilize and clean two probe tips.
	To record observations properly	Hearing Screening forms, pencils	Leader demonstrates recording results of otoscopic exam.	Each volunteer will record two sets of results.
Pure Tone Screening	To become familiar with an audiometer and its features	Pure tone portable audiometer with aural domes Schematic diagram of audiometer and features	Leader demonstrates power on, selection of pure tone test condition, ear selection condition (right ear first),frequency(Herz) selection, stimulus state control, decibel output selection, (20 db H1)and activation of stimulus bar for presentation of tone to ear phones.	Volunteer sets up audiometer for screening and leader verifies.
	To become familiar with proper test setting for audiometric screening	Pure tone portable audiometer 2 chairs Table	Leader demonstrates proper placement of equipment for test setting.	Volunteer sets up equipment for test setting - leader verifies.
	To instruct clients on responses properly	Wooden blocks and container (for play audiometry)	Leader demonstrates and describes standard response procedure of child for instruction. Leader demonstrates and describes play audiometry response procedure and child instruction. Volunteers will memorize instructions.	Volunteer demonstrates presenting instructions for standard and play audiometry response.

HEARING SCREENING PROGRAM

AGENDA	OBJECTIVES	ACTIVITIES/MATERIALS	PROCEDURES	EVALUATION
Pure Tone Screening (cont.)	To present stimulus and evaluate accuracy of response properly	Same audiometer and play audiometry materials Handout on "do's" and "don'ts" for audiometric screeners	Discuss criteria for appropriate and inappropriate response patterns. Typical error patterns will be presented.	Volunteers will demonstrate ability to judge accurately responses given in a mock test situation.
	To record pure tone screening results.	Hearing screening form	Leader demonstrates recording of responses.	Volunteers record results of two subjects.
Earphone Placement	To fit earphone to child properly	Earphones	Leader demonstrates positioning of examiner in relation to client, proper placement of earphones in hand of examiner so that appropriate earphone is placed on correct ear. Leader demonstrates adjustment of earphones for ease of fitting on client.	Volunteers will demonstrate earphone procedure on two subjects.
Acoustic Immittance	To become familiar with screener and features	Acoustic immittance screening instrument Schematic diagram of instruments	Leader instructs and demonstrates how to operate screening instrument.	Volunteers set up testing instrument. Leader verifies correctness.
	To become familiar with cleaning and sterilizing probe tips	Cotton, alcohol, probe tips	Leader demonstrates procedure.	Volunteers clean two tips.
	To verify otoscopic finding	Hearing screening report form; otoscopic station	Decision is made to continue or defer procedures.	Volunteer will correctly interpret 2 reports for otoscopic station.

HEARING SCREENING PROGRAM

AGENDA	OBJECTIVES	ACTIVITIES/MATERIALS	PROCEDURES	EVALUATION
Acoustic Immittance Screening	To learn appropriate insertion procedure for probe tips and monitor test run	Probe tip assembly and signal panel on screening device	Leader demonstrates how insertion is obtained, proper tip is selected, and seal is evaluated, by reading instrument panel.	Volunteers demonstrate achieving a seal and monitoring test run on two subjects.
Acoustic Immittance Screening	To report results of screening	Hearing screening form, pencil	Leader demonstrates how to record results from acoustic immittance test.	Volunteer accurately records two results of screening on proper form.

TRAINING
FOR
COMMUNICATION
SCREENING

Developed by

Bernard Spiegel, Ph.D.
University of Toledo

COMMUNICATION DISORDER SCREENER
(SPEECH AND LANGUAGE)

Job Description
"Communication Disorder Screener" (speech & language)

1. Set up communication screening area (i.e., forms, stimulus materials, area, room, and writing instruments).

2. Gather a natural language sample by interacting in a facilitatory manner with young children and focusing on their spontaneous conversational behavior.

3. Record in written form utterances of young children for analysis.

4. Analyze written transcript of utterances or communicative behavior of young children in prescribed areas of language content, form, and use.

5. Complete screening forms, indicating pass/fail based on #3 and submit to proper source for follow-up of results of screening.

COMMUNICATION DISORDERS (Speech/Language)

Minimum Competencies for Volunteer

1. Normal hearing and vision.
2. Ability to understand and accept children's behavior.
3. Comfortable interacting with children.
4. Appropriate interpersonal skills.
5. Appropriate communication skills.
6. Ability to do basic addition and division computations.
7. Ability to write rapidly and legibly.
8. Competent with English language (may have some bilingual volunteers also - for Hispanic speakers).

COMMUNICATION DISORDERS SCREENER (CONT'D)

Recognition of Volunteers

1. Volunteers must be allowed to choose what vehicles of recognition they would anticipate.

2. Possible recognition vehicles from which volunteers might choose:

   a. Letter of recognition or recommendation
   b. Participation in planning and decision making
   c. Academic credit hours for practicum experiences (appropriate for university students)
   d. Certificate of acceptable participation in program
   e. Monetary payment
   f. Provision of lunch on volunteer days
   g. Participation in developing screening project products (e.g., publications, presentations, conversations, etc.)

COMMUNICATION DISORDERS SCREENER (CONT'D)

Where to Find Volunteers and Necessary Equipment & Materials

1. Materials/Equip.

   a. Pictures of objects and actions from sources as Peabody Preschool Kit, DLM cards and for Comm. Skill Builders cards. (Order via catalogue and brochure descriptions.)

   b. Representation contextual toys such as Fisher-Price farm, garage, house, etc. used to encourage dramatic play and accompanying conversation.

   c. Recording and analysis forms:
      - Language sample recording forms
      - Language sample analysis form

2. Locating Volunteers

   a. Civic Groups
   b. Parent Groups
   c. Fraternities and Sororities (service project)
   d. Senior Citizen Groups
   e. Other Agency Volunteers Groups

SCREENING PROGRAM - Communication (Speech and Language)

AGENDA	OBJECTIVES	ACTIVITIES/MATERIALS	PROCEDURES	EVALUATION
Communication (speech and language)	1. To gather diversified language sample 2. To ensure representationals of sample 3. To analyze sample and make referral judgment	Volunteers are trained to complete: A. Language sample forms. B. Analysis form attached to sample form. Volunteers utilize A. Pictures from Peabody Kit-DLM cards. B. Objects/toys-Fisher-Price garage airport, farm, etc. One or two pictures depending on child participation. C. Toys that move - or can be used to simulate functional behavior (i.e., comb, spoon, crayon, doll, car, etc. Volunteers complete and record measurements on analysis form and apply to pass/fail criteria.	Volunteers gather short language sample (5 min. or 35 utterances) Stimuli used to gather sample on two levels: A.toys/objects B.pictures used based on developmental level of child. Two volunteers per child. Vol. A. interacts with child. Vol. B. provides on-line recording. Analysis: A.computation of MLU B.computation of TTR C.Devel. behavior checklist re: areas of language: content form, and use applied to age level "cut off" on screening form for each language/communication area. Apply Pass/Fail criteria. Parent is given behavioral questionnaire checklist and history to complete at home for follow-up.	Pass/Fail Criterion A. MLU 6 mos. below C.A. B. TTR below .50 C. Absence of 50% of gramm. morphemes appropriate for chronological age (4% of intelligibility). D. Absence of grammatical forms. E. Presence of progmatic fact as 1. Lacks diversity of expressed functions. 2. Lacks conversational turn taking. 3. Frequently change topic. 4. Frequently requests for repetition. 5. Vocabulary is inappropriate for prior message. 6. Vocabulary is nonspecific-frequent use of "that", "thing", "stuff", "those", etc.

VOLUNTEER TRAINING PROGRAM - Communication Disorders (Speech and Language)

AGENDA	OBJECTIVES	ACTIVITIES/MATERIALS	PROCEDURES	EVALUATION
Major aspects of normal language development within each component of language (content; Form: use) (time 3 hours)	Learner will identify the 3 components of language. Learner will identify meaning characteristics of children from 30 to 60 mo. of age. Learner will identify form aspects of comm. from 30-60 mo. Learner will identify use aspects of communication from 30-60 mo. of age.	Overhead projector and handouts.	Present Lecture 9 discussion videotapes demonstrating concepts.	Pre-Post test
Considerations in gathering a representative language sample- (1 hr.)	Learner will identify interaction behaviors by examining which facilitate spontaneous communication. Learner will recognize stimulus characteristics for different development levels.	Overhead projector and handouts.	Present lecture and discussion videotapes demonstrating concepts.	Pre-Post test

AGENDA	OBJECTIVES	ACTIVITIES/MATERIALS	PROCEDURES	EVALUATION
Simulated analysis of sample results- from supplied language sample transcript (1 hr.)	Learner will complete MLU. Learner will complete TTR. Learner will identify primary grammatical forms present in sentences. Learner will be able to identify grammatical morphemes from a sample. Learner will be able to identify programatic characteristics of sample: A. functions B. topic change C. specificity of vocabulary Complete percent of intelligibility.	a. Analysis form to be used with language sample.	Give volunteers paper and pencil and previously gathered samples from which measures will be computed/or described.	a. Reliability measures between two volunteers.

TRAINING PROGRAM - Communication Disorders

AGENDA	OBJECTIVES	ACTIVITIES/MATERIALS	PROCEDURES	EVALUATION
Simulated gathering of actual sample using role playing (1 hr.)	Learner will gather a 35 utterance or 5 min. sample in a role playing situation. Learner will record a 5 min. or 35 utterance sample in a role playing situation, via on-line transcription.	a. Language sample form for recording utterances. b. Cues and pictures used in screening procedures.	Use role playing.	1. Reliability measures between two recorders. 2. Legibility of recording.

PASS FAIL

SPEECH AND LANGUAGE SCREENING TEST-SUMMARY

NAME: DATE:

AGE: LOCATION:

EXAMINER:

1. Estimated Mean Length of Utterance (MLU): ______________________________

2. Age Equivalence of MLU: ____

3. Estimated Type Token Ratio: _________________ (NOTE: .50 or above passes)

4. Observed grammatical morphemes:

   Stage II (27-30 mos.) "ing"_____; plural "s"_____; In_____; On_____.

   Stage III (31-35 mos.) irreg. past tense________; possessive "s"______;
   main verb "is"_________.

   Stage IV (36-40 mos.) articles "a", "the"______________; "ed"_________.

   Stage V (41-48 mos.) "he", "she", "it" ______; auxiliary "is"______;
   contractible "is" (i.e., he's; they're)________.

5. Observed Speech Sound Productions:

OMISSIONS	SUBSTITUTIONS	DISTORTIONS

6. Communicative Functions
   - a. Request objects _____________
   - b. Request actions _____________
   - c. Protest _____________
   - d. Answers questions _____________
   - e. Social greetings _____________
   - f. Get attention _____________
   - g. Describe/Comment _____________

SPEECH AND LANGUAGE SAMPLE

CONTEXT	CHILD UTTERANCE

FORMAT FOR PROPOSED INSERVICE

Rationale: The role of teachers is critical in identifying children who may have special educational needs. An important component of screening projects, therefore, needs to address teacher involvement. A "first step" in involving teachers is to provide them with information about the importance and procedures for early identification. The proposed inservice for kindergarten and preschool teachers addresses this concern.

Format: A full-day inservice will be provided addressing the rationale and mechanics of screening and early identification. The teacher's role in the process will be the primary focus throughout. Part One of the inservice will be more general in nature, emphasizing the nature and importance of screening. Part Two of the inservice will be more specific, with information provided on the mechanics of the screening and follow-up process. Each participant will receive a packet of information including a description of the various components of screening and step-by-step procedures for implementing the screening and follow-up program.

Audience: The screening project inservice will be targeted for kindergarten and preschool teachers who will be working in programs participating in the proposed screening project. Principals and supervisors of these programs will also be invited to participate in this inservice. Approximately 50 participants are expected to attend this inservice.

GOALS AND EXPECTATIONS OF PROPOSED INSERVICE

1. Participants will be aware of importance of early identification.

2. Participants will be aware of the central role they play in the screening and follow-up process.

3. Participants will understand screening/follow-up system and the use of materials provided.

4. Participants will be aware of factors having an impact on development.

5. Participants will be aware of a variety of community resources that may be tapped for screening and follow-up purposes.

INSERVICE AGENDA

Introduction - Rationale, Overview, and Objectives

Developmental Stages of Growth

Rationale for Screening

Teacher's Role in the Process

Mechanics of Screening

Teacher's Role in the Follow-Up

Information Packets

Questions and Answers

EARLY IDENTIFICATION WORKSHOP

Young children with special needs can be hard to identify. Screening can make a difference.

Interested in more information about screening services for young children? If so, plan to attend a free all-day workshop addressing the nature, importance, and procedures for screening young children.

Dr. John R. Cryan, Professor of Early Childhood Education, University of Toledo, will present the workshop. University credit will be available to interested participants.

Who should attend? Preschool teachers, day-care providers, kindergarten teachers, program supervisors, administrators, and parents.

Time and place of workshop: August 18, 1986, 9 am - 4 pm, University of Toledo Continuing Education Building.

While there is no cost for the workshop itself, participants interested in university credit will need to complete course enrollment forms and pay graduate or undergraduate tuition costs on the day of the inservice. An on-site lunch will be available for $4.50 (prepaid). Please enclose luncheon fee with attached registration form and mail to John R. Cryan of the University of Toledo, Elem. & Early Childhood Education, 2801 W. Bancroft, Toledo, Ohio 43606. Make checks payable to University of Toledo.

REGISTRATION FORM FOR EARLY IDENTIFICATION WORKSHOP

Name______________________________ Position_______________

Agency/School District______________________________________

Home Address____

Phone_____________ Interested in university credit? _____Yes _____No

______________$4.50 enclosed for lunch.

Please return registration form to John R. Cryan, University of Toledo, Elementary & Early Childhood Education, 2801 W. Bancroft, Toledo, Ohio 43606, by August 10, 1986.

Included in the Teacher Packet are the following:

(1) Descriptions of the various aspects of screening (vision, hearing, communication, and development)

(2) An outline of the outcomes and potential problems related to each area of screening

(3) Flowchart of the follow-up process (Figure 23)

(4) Screening summary form (Figure 24)

(5) Screening evaluation form (Figure 25)

(6) Checksheet for identifying signs of potential vision problems

(7) Checksheet for identifying signs of potential hearing problems

(8) Diagram of ear

(9) Communication: information on language development

(10) Step-by-step tasks involved in the follow-up process

(11) Copies of all forms sent to parents (Figures 26-31)

(12) Referral Agencies
    Sight Center
    Speech & Language
    Educational
    Clinics

SCREENING OUTCOMES

Outcome from screening activities can be confusing to most lay persons. The following is intended to assist you in understanding what a "fail" on any part of the screen may mean to a child's ability to learn. This information may help you in your communication with parents and other staff who serve the child. PLEASE REMEMBER SCREENING IS TO IDENTIFY CHILDREN AT RISK. JUST BECAUSE A CHILD FAILS A SCREEN DOES NOT MEAN HE/SHE HAS A PROBLEM. YOUR ROLE IS TO ASSIST PARENTS IN OBTAINING FURTHER ASSESSMENTS SO THAT IF THERE IS A PROBLEM, INTERVENTION CAN BEGIN IMMEDIATELY.

SCREENING INSTRUMENTS AND PROTOCOL

HEARING

1. Environment: Quiet, well-lit room, at least 6' x 6'.

2. Instruments: Audiometer with speech threshold capability, otoscope, impedance bridge or combo pure tone/impedance instrument.

3. Procedures: Pure tone - Child asked to respond to tones from low (500 cps) to high (4000 cps) at 20 decibels (whisper level) by dropping peg or pointing to ear.

   Speech Threshold - If child is too young to learn pure tone "game" he/she may be asked to respond to speech at 20 decibels.

   Impedance - Ear is visually examined with otoscope to check for wax and to see condition of ear drum (redness, etc.). A soft rubber seal attached to impedance audiometer is placed in ear canal. Sounds are introduced. Instrument measures movement of ear drum to determine whether there is an impedance (barrier - most often fluid) to sound traveling through middle ear. The test is done very quickly, causes no discomfort, and child is not required to respond.

4. Screening Outcomes: Pure tone (speech frequencies 500, 1000, 2000, 4000 cps at 20 decibels) or speech threshold at 20 decibels and impedance measurements.

5. Average Time Per Screen: 7 minutes.

SCREENING INSTRUMENTS AND PROTOCOL

DEVELOPMENTAL

1. Environment: Room/space at least 12' x 14', distraction free.

2. Instruments/Materials: Battelle Screening Manual, child record forms and screening materials as outlined in the manual. Child-size table and chairs for two separate stations.

3. Screening Outcomes: Estimates of developmental levels in the following areas: motor, cognition, social-emotional, communication, and adaptive behaviors, as well as an estimated overall developmental score.

4. Average Time Per Screen: 15-20 minutes with teacher/parent completion of social-emotional section of the screening.

SCREENING INSTRUMENTS AND PROTOCOL

COMMUNICATION

1. Environment: The child is placed in an adult-child dyad with a second adult recording child's utterances--may be within a classroom or related room.

2. Instruments: "Environmental Screening Protocol" used to analyze transcription of language sample.

3. Procedures: The examiner interacts conversationally with the child, using interaction about toys, books, or environmental objects placed in the testing room. A 10-minute sample is gathered and later analyzed. Normative data regarding mean length of utterance, articulation proficiency, and vocabulary diversity are used to determine pass/fail related to chronological age.

4. Screening Outcomes: Children who do not achieve age equivalent scores in vocabulary diversity, sentence structure, articulation proficiency, and/or variety of pragmatic functions are referred for complete communication assessment.

5. Average Time Per Screen: Average screening time is approximately 10 minutes per sample and 5-10 minutes for analysis at a later time.

SCREENING INSTRUMENTS AND PROTOCOL

VISION

Vision screening identifies children who may have a variety of visual problems which can interfere with learning. The following chart provides information about vision screening, outcomes, and educational implications.

1. Environment for Visual Screening:

   Vision screening should be conducted in a room with the following characteristics:
   (a) minimum size 8' x 12'
   (b) distraction free
   (c) electrical outlet
   (d) furnished with two small tables, an adult chair and five student chairs

2. Time Required: Approximately three to five minutes per child depending on age of child.

3. Screenings Included:

(a) Visual Acuity: refers to how well one sees and to a measurement of ability to discriminate symbols clearly at a given distance.
Instruments Used: Goodlite Model MA or Goodlite Instaline Projectors
Procedures: Children are seated 10 feet away from screen and are asked to identify picture or other figures from chart. Children pass this screen if they can see better than 20/40.
Educational Implications: Child may have difficulty seeing well enough to learn to read, move about in the school environment, and deal with visual motor tasks, including writing.
Follow-up: Refer to eye specialist.

(b) Muscle Imbalance: refers to the alignment of the muscles of the eye and how well they work together.

Instruments Used: Goodlite Instaline Projector and/or flashlight.

Procedures: Children look through prism, using both eyes, at image on screen and identify how many images are seen on Goodlite Instaline screen and where they are located, or children are asked to physically manipulate items seen so that screener can determine whether child passes screen. When Goodlite Projecter is not available or additional screening is indicated, the following procedures are used. Screener asks child to look at screener's nose. A light from a flashlight is aimed centrally toward child's eyes. Screener looks at where light appears in child's eyes. In addition to using the flashlight, child is given a "cover test." For this screen, the screener asks child to look at his/her nose while screener puts hand over one of the child's eyes. After five or six seconds, eye is uncovered and steadiness of eye is observed. Children pass the muscle imbalance test if

(1) they see two overlapping rectangles on the instaline screen, or
(2) the light from the flashlight screen is observed in the same spot on both eyes, or
(3) the eye remains steady (does not move up, down, or turn in or out) when it is uncovered in the cover test.

Educational Implications: Child may suffer from visual fatigue and have the same problems as a child with reduced visual perceptual difficulties.

Follow-up: refer to eye specialist.

(c) Pupil Appearance: refers to the quality of the pupils and how they contract or dilate to light.

Instrument Used: flashlight.

Procedures: Screener shines flashlight into child's eyes. Pupils should contract. Then flashlight is turned off. Pupils should enlarge. Children pass pupil appearance test if this occurs, and pupils are observed to be of the same size.

Educational Implications: Failure on pupil appearance test may indicate a medical or neurological problem; child may have difficulty accommodating to light changes, and may be sensitive to light.

Follow-up: refer to eye specialist.

(d) Color Vision Test: refers to whether child can differentiate colors.

Instrument Used: Isihara Book for Color Testing, containing color templates of numbers for identification and/or training.

Procedures: Child is asked to identify or trace patterns seen. On each plate there are numbers. Numbers look different to children who have color deficiencies; children may or may not see some of these numbers. Children pass test if they can properly identify colors according to standards from the Isihara test. Children who fail color vision are not referred for medical intervention. This information is important for the child's teacher.

Educational Implications: Child may have problems identifying basic color and/or shades of colors.

Follow-up: no referral to eye specialist; educational significance only.

(e) External Disorders: refers to function and condition of lid and other parts of eyes.

Instrument: none.

Procedures: Screener observes for the following:

(1) lid problems such as Ptosis (to'sis), where the drooping of the lid blocks off part of the visual field.

(2) infections, such as conjunctivitis and blepharitis (blef a ri'tis); indications of above include scales on lid, pinkness of eye, itching, and/or discharge from eye. These conditions, if observed, are noted on the child's screening form.

Educational Implications: Child may have same difficulties as child with acuity problems, because of lid hindering visual field, and/or film or discharge that blurs vision. Eye irritations may interfere with child's ability to attend school because of itching, rubbing, etc. Child may have infections that can be transmitted to others.

Follow-up: refer to eye specialist.

(f) Plus Lens: refers to test for farsightedness.

Instrument Used: glasses with +2.00 lens.

Procedures: Children are asked to put on a pair of +2.00 lens glasses and read the 20/25 line from vision chart. Children who are farsighted will be able to read chart and will be referred for further evaluation.

Educational Implications: Child may have problem doing "close-up" work that interferes with reading and writing tasks.

Follow-up: refer to eye specialist.

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TEACHER PACKET

HEARING	SCREEN	OUTCOMES	POTENTIAL PROBLEM
Acuity	Pure Tone or Speech Threshold	Screen identifies children who may have difficulty hearing speech.	Child may have a hearing loss.
Middle ear fluid	Impedance Test	Screen identifies children who may have otitis media.	Child may have fluctuating hearing loss that may be a factor in speech and language development and/or later learning disabilities. If a child has a language delay or speech problem and has failed either of these screenings, he/she should be considered "doubly" at risk.

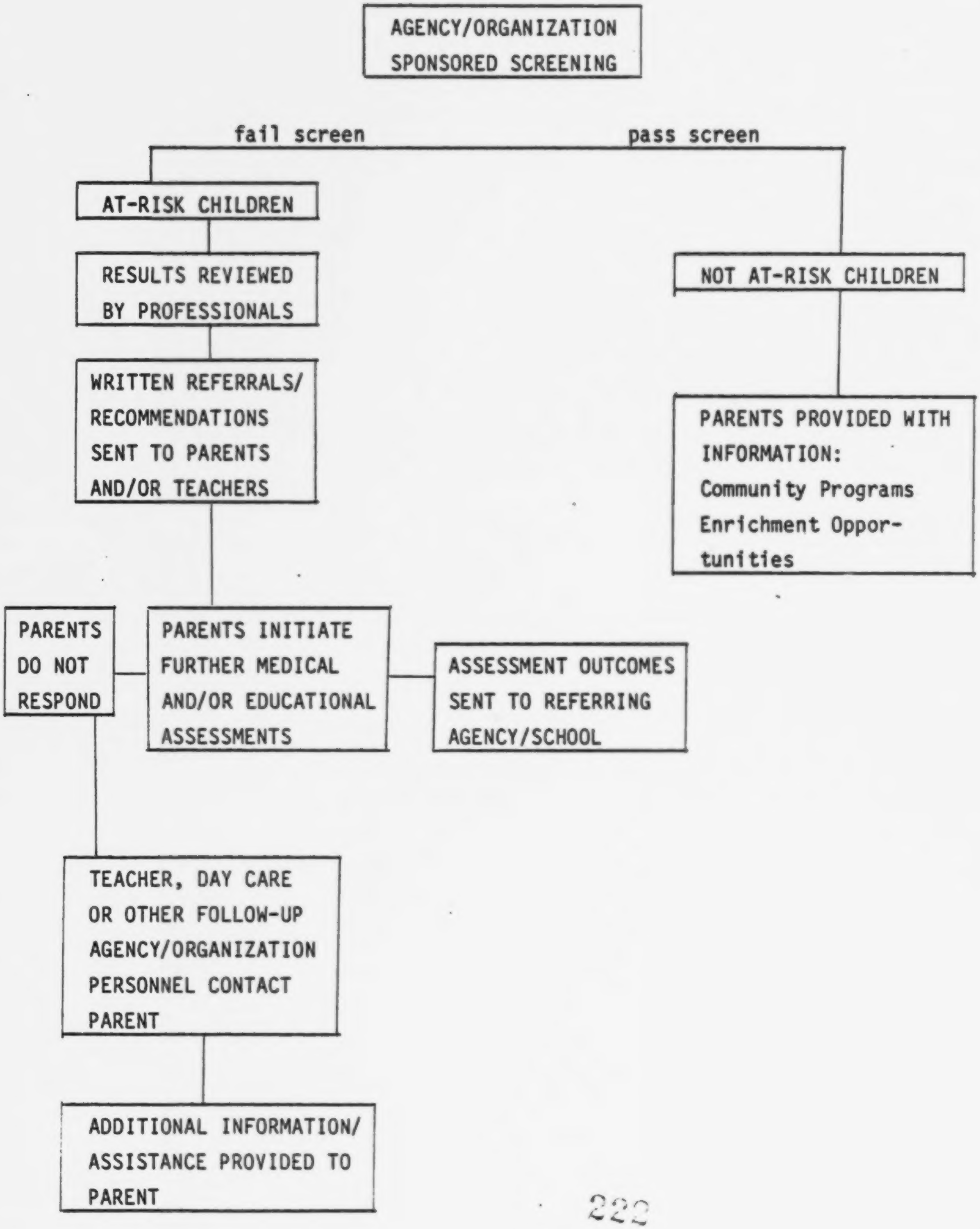
TEACHER PACKET

DEVELOPMENTAL	SCREEN	OUTCOMES	POTENTIAL PROBLEM
Personal-Social	Battelle Screening Inventory	Identifies children who may have difficulty interacting with others, expressing feelings, following rules, etc.	Child may have problems getting along with others and feeling okay about self.
Adaptive	Battelle Screening Inventory	Identifies children who may have difficulty with self-helps tasks related to dressing, eating, and toileting, and who may have short attention spans.	Child may require special help in accomplishing tasks.
Motor	Battelle Screening Inventory	Identifies children who may have motor problems affecting muscle control, coordination, and locomotion, and who may have perceptual motor problems.	Child may have problems with both large and/or fine motor tasks.
Communication	Battelle Screening Inventory	Identifies children who may have difficulty with using and/or understanding language.	Child may have problems expressing thoughts and ideas or understanding communication attempts of others.
Cognitive	Battelle Screening Inventory	Identifies children who may have difficulty in the areas of perceptual discrimination, memory, reasoning, and academic skills.	Child may have difficulty understanding concepts, solving problems, and accomplishing school-related tasks.

COMMUNICATION	SCREEN	OUTCOMES	POTENTIAL PROBLEM
Production of single words	Environmental language/sample/type-token ratio	Identify child with restricted vocabulary	Problem may be associated with developmental disability, specific language impairment, autism, or cognitive impairment.
Production of multiple word utterances	mean length of utterance	Identify child with specific language impairment	
Pragmatic functions	frequency of occurrence		
Articulation/phonological production	description of phonological rules		

SCREENING FOLLOW-UP PROCESS

Figure 23


AGENCY/ORGANIZATION SPONSORED SCREENING
fail screen
pass screen
AT-RISK CHILDREN
RESULTS REVIEWED BY PROFESSIONALS
WRITTEN REFERRALS/ RECOMMENDATIONS SENT TO PARENTS AND/OR TEACHERS
PARENTS DO NOT RESPOND
PARENTS INITIATE FURTHER MEDICAL AND/OR EDUCATIONAL ASSESSMENTS
ASSESSMENT OUTCOMES SENT TO REFERRING AGENCY/SCHOOL
TEACHER, DAY CARE OR OTHER FOLLOW-UP AGENCY/ORGANIZATION PERSONNEL CONTACT PARENT
ADDITIONAL INFORMATION/ ASSISTANCE PROVIDED TO PARENT
NOT AT-RISK CHILDREN
PARENTS PROVIDED WITH INFORMATION:
Community Programs
Enrichment Opportunities

SCREENING SUMMARY FORM

Figure 24

LOCATION________________________ DATE________________

CHILD'S NAME ______________________ BIRTHDATE_____________

PARENT NAME_________________________________

ADDRESS ____________________________________ ZIP______

PHONE____________________

	FIRST SCREENING		RESCREENING		FOLLOW-UP	
	PASS	FAIL	PASS	FAIL	PASS	FAIL
VISION						
HEARING						
DEVELOPMENTAL						
COMMUNICATION						

COMMENTS:____

____

____

OUTCOME: ____

____

____

____

DATE____________________

LOCATION ______________________________ DATE ________________ Figure 25

STUDENT NAME	DATE OF BIRTH	ABSENT	HEARING MARK P OR F			VISION MARK P OR F	DEVELOPMENTAL MARK P OR F	COMMUNICATION MARK P OR F	PARENT INFORMED	ASSESSED		OUTCOME
			PURE TONE	IMP I	IMP II					MEDICAL/ CLINIC	EDUCATIONAL	

REQUEST FOR VISION CHECK BY TEACHER

Student Name: ______________________________ Grade________ Date________

School_____________________________ Teacher____________________________
(signature)

Please check any of the following behaviors/characteristics that you have observed in this student:

_______ School performance that is consistently below individual ability.

_______ Unusually short attention span.

_______ Tendency to avoid close work.

_______ Eyes that cross, turn in or out, or move independently of each other.

_______ A tendency to blink and/or rub eyes often.

_______ Blurred or double vision at any time.

_______ Tilting or turning head to one side consistently .

_______ Squinting.

_______ Tearing, watery eyes.

______ Other behaviors suggesting vision problems.

(Please describe)____
____
____
____

REQUEST FOR HEARING CHECK BY TEACHER

Student Name: ______________________________ Grade________ Date________

School_____________________________ Teacher____________________________
(signature)

______ Difficulty remembering names and places

______ Distractibility by outside noises

______ Difficulty with speech and language

______ Inability to discriminate between words that sound alike

______ Difficulty repeating sounds, letters, and numbers in proper sequence

______ Frequent need for repetition of directions and important information

______ Attention to only part of what is said (e.g., understanding only the first or last part of a message.)

______ Difficulty locating the source of sounds not in line of vision

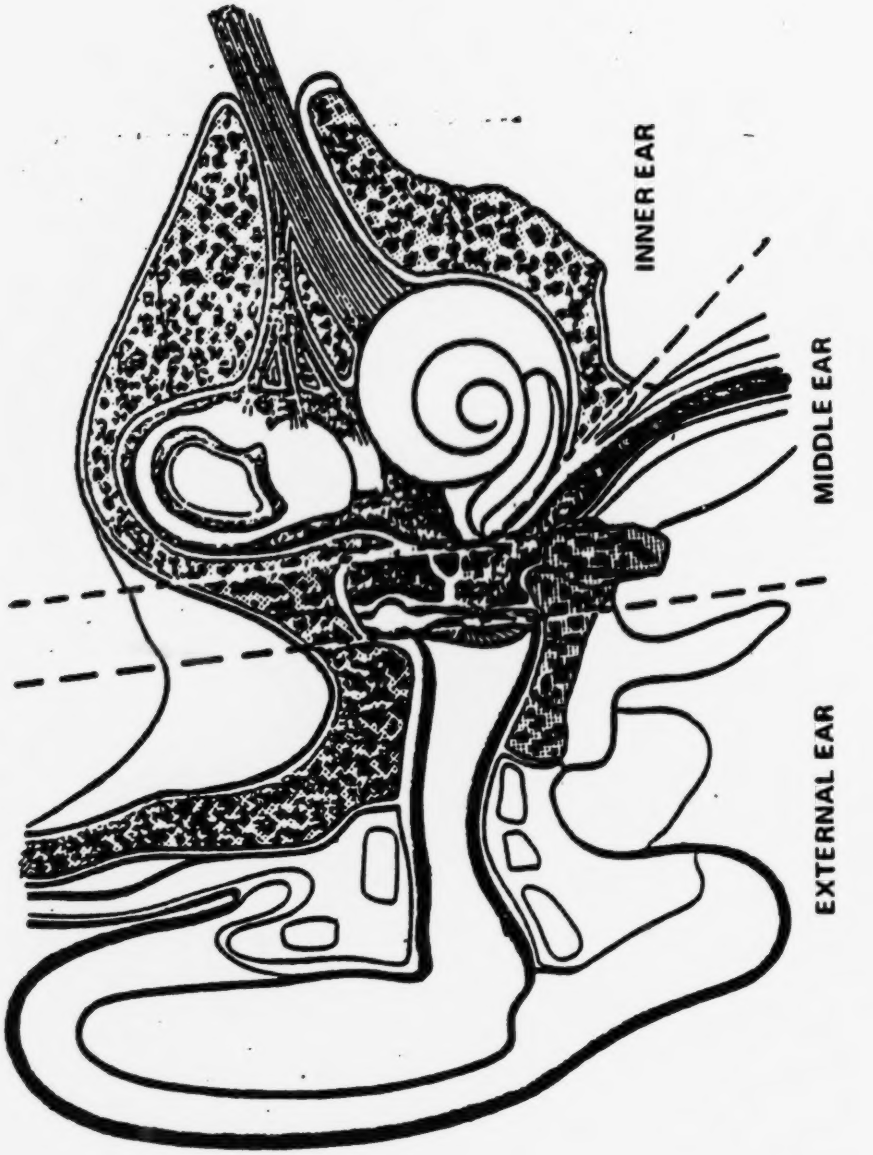
______ Inability to follow or attend to stories read aloud

______ Use of gestures rather than verbal expression

______ Inconsistent behavior on a day-to-day basis

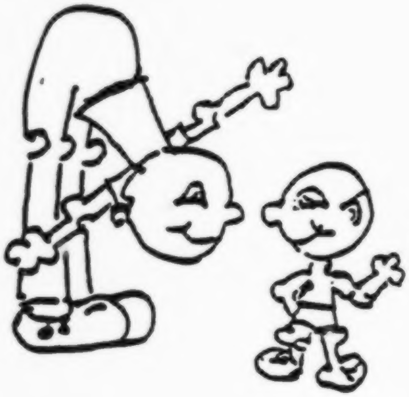
______ Other behaviors suggesting hearing problems (please describe) ______
____
____

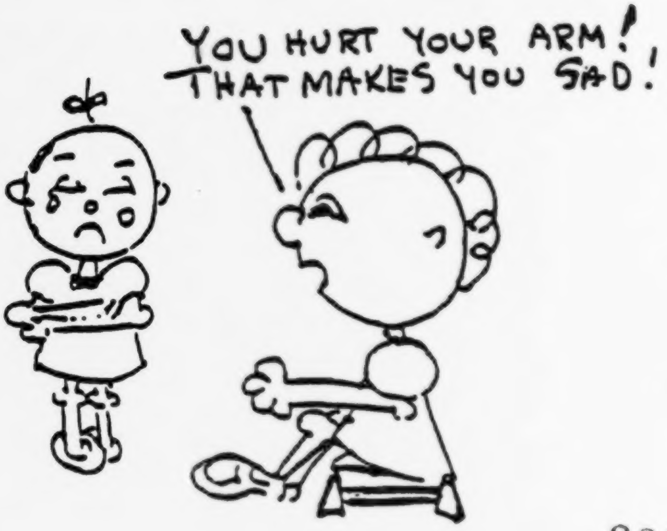
TEACHER PACKET
DIAGRAM OF EAR
*Note Middle Ear Area


INNER EAR
MIDDLE EAR
EXTERNAL EAR

HOW TO FOSTER LANGUAGE DEVELOPMENT

* Use a simple syntax (grammar) to increase comprehension.
* Speak slowly and pause between phrases to aid in the understanding of messages.
* Repeat key words and phrases to increase understanding.
* Use the context of the situation to aid comprehension.
* Have the child attend to the speaker.
* Use natural gestures, body language, intonation patterns, and facial expressions to help comprehension.
* Initiate a variety of "first-hand" experiences accompanied by appropriate language input to increase a child's comprehension of word meanings.
* Attend to the listening environment.
* Talk to a child at his or her eye level.
* Encourage the child to interact with others in a variety of activities.
* Relate language experiences to what the child enjoys and is interested in.
* Put the child's feelings into words.
* Use labeling when talking to a young child.
* Use a word in a variety of situations.
* Use natural gestures when talking to a young child.




YOU HURT YOUR ARM! THAT MAKES YOU SAD!

* Give the young child a chance to show that he or she understands a message.
* Be a good listener and reward the child when he or she attempts to use words to communicate.
* Use expansion to promote language development.
* Use modeling to promote language development.

FOLLOW-UP COMPONENT OF SCREENING

TASKS

1. Send notices to parents of children failing one or more components of the screening. Send notices by way of day care teachers. (Figures 26-30)

2. Compare "parent-return" slips with list of children needing follow-up assessment. (Figure 25)

3. Contact parents who have requested further information.

4. Contact parents failing to return slips. (Figure 31)

5. Share screening results with day care teachers. (Figures 24 & 25)

6. Summarize screening and follow-up results (brief written report).

Figure 26

Parent Communication

____
Child's Name

____
Date

Dear Parent:

Your child was screened at ____________________________________ in the following areas:
(site)

_____ vision

_____ development

_____ hearing

_____ communication

****

RESULTS

_____Screening results show no cause for concern at this time.

_____Screening results show cause for concern in the area of

____

Please read the enclosed information carefully and contact me for further information.

Thank you for your cooperation.

Screening Project Coordinator

____
(phone #)

Figure 27

Parent Communication

____
Child's Name

____
Date

Dear __________________________:
(Parent's Name)

Your child, ___________________________________, had some problems during
(Child's Name)
recent pre-school screening.

YOUR CHILD NEEDS FURTHER TESTING

Your local school district provides further testing "FREE" of charge to all families.

If you live in the Toledo School District, call Sharon at McKesson School (666-5180) for an appointment.

DON'T DELAY!

PLEASE COMPLETE THE ATTACHED FORM AND RETURN TO YOUR CHILD'S TEACHER

(DETACH HERE)

PLEASE CHECK:

_____I have called my local school district and have an appointment scheduled on ________________________________ at ________________________________.
(Date/Time) (Name of School)

_____I need more information and would like to talk to my child's teacher.

____
(Child's Name)

___________________________ ____
(Date) (Parent's Signature)

Figure 28

Parent Communication

____
Child's Name

____
Date

Dear _______________________:
(Parent's Name)

Your child, ______________________________, recently had his/her vision (eyes) checked.

Your child did not pass the eye (vision) check.

You need to

- Call an eye doctor for an appointment (listed in the phone book under Optometrist or Opthamologist).

or - Make an appointment with your child's teacher to discuss this matter.

NO MATTER WHAT YOU DECIDE, RETURN THE ATTACHED FORM TO YOUR CHILD'S TEACHER.

(DETACH HERE)

PLEASE CHECK:

_____ I have made an appointment with _______________________ for my child.
(Doctor's Name)

_____ I have made an appointment at the _________________________ clinic.
(Name of Clinic)

_____ I need to talk to my child's teacher about this.

_____ I need more information.

____
(Child's Name)

____
(Date)

____
(Parent's Signature)

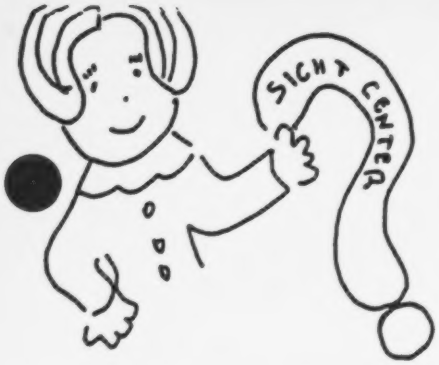


Figure 28a

WHAT IS THE SIGHT CENTER?

The Sight Center is a private, non-profit agency serving blind and visually impaired persons throughout northwestern Ohio and southeastern Michigan.

WHO IS ELIGIBLE FOR SERVICES?

Persons of all ages who are blind or visually impaired and live within the Sight Center's service area (21 counties in northwestern Ohio and two in southeastern Michigan). Also, parents and families of the visually impaired.

WHAT SERVICES ARE PROVIDED?

The Sight Center offers social work; rehabilitation teaching; orientation and mobility training; reading and information services (including talking books); recreational activities for blind and visually impaired people; educational programs; preschool, school, and glaucoma screenings; a sheltered workshop; volunteer services; guided tours of the center; and a speakers' service.

HOW DO I APPLY FOR SERVICES?

Call or write your request to the Sight Center, (419) 241-1183. Anyone may refer him or herself, a relative, friend, or neighbor who is visually impaired. The Sight Center will contact the person for an assessment of his or her situation.

Figure 29

Parent Communication

____
Child's Name

____
Date

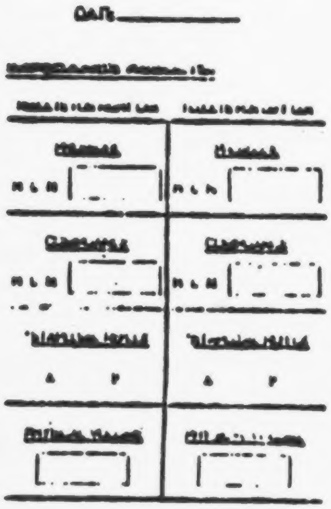
Dear ________________________:
(Parent's Name)

Your child, ________________________________, did not pass the hearing
(Child's Name)
check and SHOULD BE SEEN BY A DOCTOR!

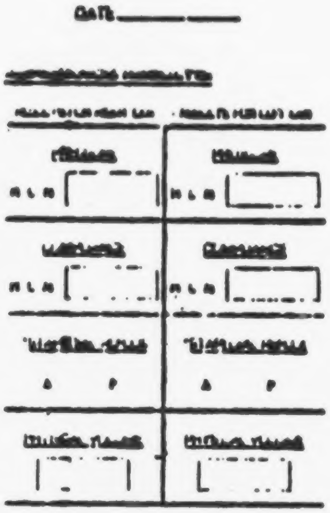
The attached form is the hearing check results and should be given to your doctor at the time of your appointment. (REVERSE SIDE)

Also enclosed is a parent fact sheet for your information and a form to be completed by you and returned to your child's teacher.

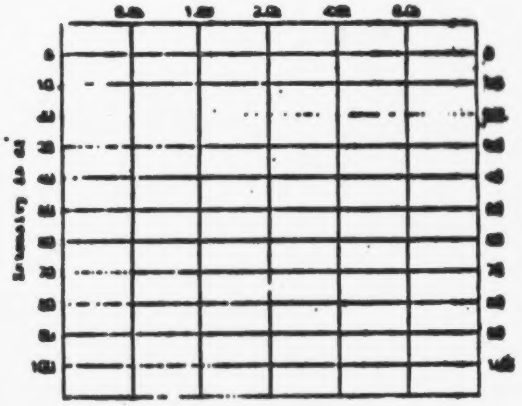
FIRST
IMPEDANCE
SCREEN



SECOND
IMPEDANCE
SCREEN



PURE
TONE
SCREEN



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PHYSICIAN'S REPORT

HEARING SCREENING PROGRAM

Name of Child School

Address City State Zip

Summary of hearing problem if indicated and diagnosis: ____________________

Was treatment for hearing problem necessary for this child? Yes____ No____

What further treatment or testing is needed? ____________________

When? ____________________

What are the recommendations to the parents and/or school? ____________________

Physician's Signature

Address

Date

RETURN TO ____________________

Child's Teacher

School

Address

FACTS FOR PARENTS

Figure 29a

DID YOU KNOW?

Often children with colds will suffer a hearing loss for a short period of time. This loss is caused from fluid in the ear.

If your child is tested while he/she has a cold, your child may fail the hearing check and should be seen by a doctor.

An untreated ear infection may cause permanent damage to your child's hearing.

WHAT SHOULD I DO IF MY CHILD DOES NOT PASS THE HEARING CHECK?

CALL YOUR FAMILY DOCTOR OR CLINIC FOR AN APPOINTMENT

or...Call the Academy of Medicine at 473-3200 if you need a family doctor or clinic.
or...Contact your child's teacher for further information.

NO MATTER WHAT YOU DECIDE . . . . . RETURN THE ENCLOSED FORM TO YOUR CHILD'S TEACHER

DON'T DELAY!!!! YOUR CHILD NEEDS FURTHER TESTING.

Parent Communication

Figure 29b

COMPLETE THIS FORM AND RETURN TO YOUR CHILD'S TEACHER

Please check:

_____I have made an appointment with ____________________ for my child.
(Doctor's Name)

_____I have made an appointment at the ______________________________ clinic.
(Name of Clinic)

_____I need to talk to my child's teacher about this.

_____I need more information.

____
(Child's Name)

____
(Parent's Signature)

____
(Date)

Figure 30

Parent Communication

____
Child's Name

____
Date

Dear ____________________________:
(Parent)

Your child, ____, received a speech and
(Child's Name)
language screening on ____________________ at ________________________________.
(Date) (Center)

Based upon the results of the screening test, WE RECOMMEND FURTHER SPEECH AND LANGUAGE TESTING. Further testing can be done at

1. Your local school district
   Toledo Public School residents, call McKesson School, 1624 Tracy, Toledo, Ohio 43605. 666-5180
2. Toledo Hearing and Speech Center, One Stranahan Square, Rm. 342, Toledo, Ohio 43604. 241-6219.
3. University of Toledo - Speech and Hearing Clinic, 3801 West Bancroft, Toledo, Ohio 43606. 537-4339 or 537-2173.
4. Area Hospitals Speech and Hearing Department.

Please complete the attached form and return to your child's teacher by

________________________.
(Date)

Detach here

Please check:

_____I have made an appointment with ____________________________ for my child.
_____I need to talk to my child's teacher about this.
_____I need more information.

____
(Child's Name)

____
(Date)

____
(Parent's Signature)

Figure 31

____
(Child's Name)

Dear ______________________:
(Parent)

Recently your child brought home a letter stating that she/he did not pass the ______________________ check.
(Area of Screening)

Those results showed ____________________ needs further testing.
(Child's Name)

I'd like to help you if you have any questions or concerns. Please call ___________________________.
(Phone #)

Please complete the attached form and return it to me.

Sincerely,

____
(Teacher's Signature)

____
(Date)

Send with parent response form (fig. 29b)

SPEECH & LANGUAGE REFERRALS

TEACHER PACKET

Further speech and language testing can be done at the following agencies:

University of Toledo
Speech and Hearing Clinic
Call: 537-4339 or 537-2173
3801 West Bancroft
Toledo, Ohio 43606

The Toledo Hearing & Speech Center
Call: 241-6219
One Stranahan Square, Rm. 342
Toledo, Ohio 43604

For Toledo Public School Residents
McKesson School
Call: 666-5180
1624 Tracy Street
Toledo, Ohio 43605

Or call the Speech Pathology Department of any area hospital for more information.

Most of the above agencies base their fees on a sliding scale.

TEACHER PACKET

Public schools are required to identify and assess all handicapped children from birth. Public schools in Ohio are not required to provide educational programs for children until they are kindergarten age.

If you want an educational assessment for your child, contact your local school district. If you live in the Toledo School district call:

McKesson School
1624 Tracy
Toledo, Ohio 43605
666-5780

Further assessments can be done at other community agencies. The following are resources you may want to consider:

Local Hospitals -
Speech and Hearing Department
Audiology Department
Child Development Department

University -
University of Toledo
Speech and Hearing
Special Education Department

Bowling Green State University Audiology Department

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For Additional Copies Write To:

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Division of Educational Services
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